

8

**CERVICAL SCREENING TRAINING GRANT**

**Information and Application form**

**Sponsored & administered by the National Screening Unit (NSU) Ministry of Health**

 **ABOU T T HE T R AI N I N G G R AN T**

The NCSP has a limited pool of funding to support smear takers being trained to undertake cervical screening.

The aim of the grant is to ensure that health professionals who meet the eligibility criteria have access to affordable training that enables them to become certified to undertake cervical screening.

Ordinarily, Stage One applications are approved prior to training commencing. However, applications will be considered up to 6 weeks after the training course commences.

Retrospective applications outside of this period will not be considered.

NB The Ministry of Health reserves the right to decline any application.

 **ABOU T T HE FUNDING**

Employers are responsible for ongoing professional development of staff, and in the first instance it is expected that employers will fund nurses to undertake this course.

The cervical screening training grant is a partial reimbursement of course fees paid to the employer or nurse on successful completion of a recognised cervical screening training programme.

Priority for the grant will be given to nurses working in areas with the most demonstrated need.

**The maximum training grant available is $700.00 per applicant and is for reimbursement of course fees only.**

 **Preconditions**

## In order to apply for a training grant you must:

* have been accepted by an approved training provider to undertake Unit Standard 29556 – Conduct Cervical Screening*;* **and**
* have a confirmed date of a training course; **and**
* meet the criteria for entry to a cervical screening training programme as outlined in the *Competencies for Cervical Screening Education and Training* (see <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/ncsp-workforce/smear-takers>);**and**
* be endorsed by your employer to attend training and be in a position to undertake cervical screening as part of your employment.

 **AP P L ICA T ION I NST R U C TI O N S**

There are two stages in applying for and receiving a training grant.

**Stage One Application Form: Determining your eligibility for the grant**

* Complete the Stage One application form. Please print your answers clearly.
* Send scan/email a copy of this application form and supporting documentation to the NCSP, at the address below.
* You will be notified by email or in writing within 20 working days whether or not you are eligible for a training grant.

**Stage Two Application Form: Reimbursement**

* When you have successfully completed Unit Standard 29556 ***within 12 months of the date you attended your course*** you must provide the NSU with the relevant documentation listed on page 7. ***Please do not send the documentation listed unless you have completed all components of the course.***
* Payment will be by direct credit to individual or organisation that paid for the course.

Note - For the grant to be paid the sample taker must have completed the cervical screening training within 12 months of attending the course and provided the relevant documentation to the NCSP.

 **CONTACT FOR ALL ENQUIRIES AND SENDING DOCUMENTATION**

ncsp@moh.govt.nz

National Cervical Screening Programme

National Screening Unit

Ministry of Health

PO Box 5013

WELLINGTON, 6145

**Website:** [www.nsu.govt.nz](http://www.nsu.govt.nz/)

#  A PPLI C A T I O N F O R M – S TA G E 1

**APPLICANT’S NAME:**

**First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Family Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF Training Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**cERVICAL SCREENING TRAINING PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 1. | Applicant’s address | ………………………………………………….. |
| ………………………………………………….. |
| ………………………………………………….. |
| 2. | Daytime phone no. | ………………………………………………….. |
| 3. | Alternative contact no. | ………………………………………………….. |
| 4. | Email address | ………………………………………………….. |

(Please include for ease and speed of contact regarding your application)

1. Gender (Please tick) Female Male
2. Ethnicity (Please mark the boxes that apply to you)

NZ European Tongan

Māori Niuean

Samoan Chinese

Cook Island Maori Indian

Other (Please state) …………………………………………………..

7. Employer (Organisation) ……….………………………………………....

1. Employer contact person …………………………………………………..

 Job title …………………………………………………..

1. Employer contact details (address, phone number and email)

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

#  D OC UM E N TA T I O N – S TA G E 1

**All sections need to be completed and ensure accuracy of application before submitting your form**

1. The following information is required with your application:

(Please tick the box when the document is attached.)

A confirmed date of a cervical screening training course

A copy of your current Annual Practicing Certificate. Your employer endorsement (page 5)

The completed declaration (page 6)

 **Criteria to be considered for access to the grant**

 Please complete and tick the boxes as appropriate

1. Work in Screening Support Services
2. Work in a VLCA (very low cost access) practice
3. Work in an all-male GP practice
4. Number of current cervical smear takers in agency/practice \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Explain how your application will support improving access to cervical screening for priority women in your practice or agency:

|  |
| --- |
|  |

#

# E M P L O Y E R E N D O R S E M E N T

Please ask your employer to endorse the following:

 I employ ………………………..………………………………………….

(applicant’s name)

* + I will encourage and assist ………………………………………………

(applicant’s name)

to successfully complete the cervical screening training course.

Employer’s Signature: ………………………………… Date: ……………… Employer’s Name: ……………………………………………………………………

**Please note that Ministry of Health reserves the right to decline any application**

#  D E C L A R A T I O N

In signing this application I confirm the following:

* + I have attached COPIES of the required documentation (see point 10 above) to my application.
	+ The documentation supporting my application is accurate at the date of signing.
	+ I understand that if I am advised I am eligible for this grant I will notify the NSU if I withdraw from, or fail to complete the course.
	+ I authorise the NSU to contact the cervical screening training provider and/or my employer in connection with this application, if needed.
	+ I understand for the grant to be paid I must have completed the cervical screening training within 12 months of attending the course and provided the relevant documentation to the NCSP within the same period.

Applicant’s Name ……………………………………………

Applicant’s Signature …………………………………………..

Date …………………………………………..

**PLEASE KEEP THIS PAGE FOR YOUR REFERENCE**

# CERVICAL SCREENING TRAINING GRANT APPLICATION - Stage 2

## (Reimbursement on completion of course)

 **DO CU M E NT AT I O N – S T A G E 2**

When you successfully complete the Unit Standard 29556 within 12 months of attending the training course you must provide the following evidence to the National Screening Unit before you/your organisation can receive payment of the training grant:

A copy of the **Receipt** for course fees from an accredited training provider for NZQA Unit Standard 29556 (please see the list on page 7).

The bank account details of the course fee payer. **The bank account name must match the name on the course fees receipt from the training provider.**

*(NB A copy of an official bank deposit slip or bank certified document must be provided before payment can be made).*

A copy of your Record of Achievement from NZQA showing completion of Unit Standard 29556 - Conduct Cervical Screening.

You able to log in and view your Record of Achievement details on NZQA’s website [here](https://secure.nzqa.govt.nz/for-learners/records/login.do).

You will first need to register using your National Student Number (NSN) and date of birth and will then be prompted to assign a password.

If you lose your NSN, change address, or need any information concerning your Record of Achievement, please write, email or fax:

Postal: Tertiary Records, NZQA, PO Box 160, Wellington Email: tertiaryrecords@nzqa.govt.nz

Fax: 04 463 3107

**Contact for all other enquiries and sending documentation:**

ncsp@moh.govt.nz

National Cervical Screening Programme

National Screening Unit

Ministry of Health

PO Box 5013

WELLINGTON, 6145

**Website** [www.nsu.govt.nz](http://www.nsu.govt.nz/)

#  List of Cervical Screening Training Providers

|  |  |
| --- | --- |
| **Education Provider** | **Contact Details** |
| **Eastern Institute of Technology, Hawkes Bay**[www.eit.ac.nz](http://www.eit.ac.nz/) | Sue Floyd (06) 830 1515 sfloyd@eit.ac.nz<https://www.eit.ac.nz/subject-areas/industry-training-2/>  |
| **Family Planning Association** | <http://www.familyplanning.org.nz/courses>  |
| **Toi Ohomai Institute of Technology, Rotorua**[www.waiariki.ac.nz](http://www.waiariki.ac.nz/) | Judith Honeyfield0800 924 2740 Judith.Honeyfield@toiohomai.ac.nz  |
| **Universal College of Learning, Palmerston North**[www.ucol.ac.nz](http://www.ucol.ac.nz/) |  enquiry@ucol.ac.nz  |
| **Waikato Institute of Technology, Hamilton**[www.wintec.ac.nz](http://www.wintec.ac.nz/) | [https://www.wintec.ac.nz/study-at-wintec/courses/health-and-wellbeing/nursing/cervical-smear-taking-(level-7)](https://www.wintec.ac.nz/study-at-wintec/courses/health-and-wellbeing/nursing/cervical-smear-taking-%28level-7%29)  |
| **Well Women & Family Trust, Auckland**[www.wons.org.nz](http://www.wons.org.nz/) | [http://www.wons.org.nz/nursing/professional-](http://www.wons.org.nz/nursing/professional-training.asp)  [training.asp](http://www.wons.org.nz/nursing/professional-training.asp) |