

VALIDATION STATEMENT

This form is to be completed by the applicant and signed by their manager. The form validates information provided in the application is correct and confirms the applicant meets the scholarship eligibility requirements.

TASMANIAN NURSING AND MIDWIFERY SCHOLARSHIPS | TASMANIAN DEPARTMENT OF HEALTH

APPLICANT

I, (full name) _____ of (residential address) _____

(occupation) _____

CONFIRM THAT

- 1 I hold Australian citizenship or permanent residency.
- 2 I hold current registration as a nurse or midwife with the NMBA.
- 3 I have been employed as a nurse or midwife in Tasmania for 12 months or more.
- 4 I am enrolled with an accredited higher education provider or a professional college/association between 1 January 2024–31 December 2024.
- 5 I am not receiving funding from another scholarship source.
- 6 I do not intend on receiving funding from another scholarship source.
- 7 I have provided an original Confirmation of Enrolment from an accredited higher education provider, **OR** a professional college/ association course in my application.
- 8 I have provided an original Financial Statement or Tax Invoice detailing Tuition Fees for the course named in my Tasmanian Nursing and Midwifery Scholarship application.

DECLARATION

Signature _____

Date _____

MANAGER

I, (full name) _____

In my role as (position title) _____

CONFIRM THAT

- 1 I am the manager of the above-named applicant.
- 2 I have sighted, the above-named applicant's Confirmation of Enrolment and Financial Statement or Tax Invoice and verify they are official documents.
- 3 The above-named applicant meets the eligibility requirements as outlined in the Tasmanian Nursing and Midwifery Scholarship Guidelines.
- 4 In supporting this Validation Statement, I confirm I have read the Tasmanian Nursing and Midwifery Scholarship Guidelines.

DECLARATION

Signature _____

Date _____

Phone _____

Email _____