SMEAR TAKER TRAINING GRANT

Information and Application form
(Updated April 2012)

Sponsored & Administered by
National Screening Unit (NSU)
Ministry of Health

ABOUT THE TRAINING GRANT

The Smear Taker Training Grant is a reimbursement of course fees that is paid on successful completion of smear taker training at a recognised course. The aim of the grant is to ensure that health professionals involved in cervical smear taking have ready access to affordable, appropriate training that enables them to meet the National Cervical Screening Programme (NCSP) Competencies for Smear Taker Training and the NCSP Operational Policy and Quality Standards (OPQS). These documents are available on www.nsu.govt.nz

Benefits of the grant include:
- improved professional education support for nurses wishing to train as smear takers;
- assistance with recruitment and retention of smear takers within the primary care sector; and
- improved availability of Maori and Pacific smear takers in low coverage geographical areas.

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

ELIGIBILITY CRITERIA

To be eligible to apply for a training grant you must:

- meet the criteria for entry to smear taker training, outlined in the NCSP Competencies for Smear Taker Training http://www.nsu.govt.nz/Health-Professionals/2165.aspx
- provide evidence of attempts to secure course fee funding from any other source (i.e. employer, Iwi grant etc);
- be in a position to begin or continue to take cervical smears for the NCSP as a part of your employment; and
- provide the required evidence of employer endorsement.

Note: Where there is competition for the grant funds available, priority will be given to smear takers working where there is a demonstrated need for additional smear taker services and who will be working with women identified by NCSP as “Priority” due to low screening coverage. This can be endorsed by the NCSP Regional Services (refer 0800 729 729 for contact details of your Regional Service).

Before payment is made evidence must be provided that you have successfully completed Unit Standard 1098 (see page 7).
APPLICATION INSTRUCTIONS

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

Stage 1: Determining your eligibility for the grant

- Complete the application form on pages 3-5. Please print your answers clearly.
- Send a hard copy of this application form and supporting documentation to the NSU contact person, at the address below.
- You will be notified by email or in writing whether or not you are eligible for a training grant.

Stage 2: Reimbursement

- When you have successfully completed Unit Standard 1098 you must provide NSU with the documentation listed on page 7. Please do not send the documentation listed on page 7 unless you have completed all components of the course.
- Unless otherwise arranged with the NSU, payment will be by direct credit to the applicant’s (individual or organisation’s) bank account.

CONTACT FOR ALL ENQUIRIES AND SENDING OF DOCUMENTATION

Ivan Rowe

National Screening Unit
Ministry of Health
PO Box 5013
WELLINGTON, 6145

Phone: (04) 816 3345
Fax: (04) 816 4484
Email: Ivan_Rowe@moh.govt.nz
APPLICATION FORM – STAGE 1

APPLICANTS NAME:

First name: ______________________________________
Last name: ______________________________________

DATE OF APPLICATION: ______________________________

1. Postal Address ........................................................................................................

2. Daytime Phone No. ................................................................................................

3. Alternative Contact No. ........................................................................................

4. Email Address ........................................................................................................
   (Please include for ease and speed of contact regarding your application)

5. Gender (Please tick) Female ☐ Male ☐

6. Ethnicity (Please mark the boxes that apply to you)
   NZ European ☐ Tongan ☐
   Maori ☐ Niuean ☐
   Samoan ☐ Chinese ☐
   Cook Island Maori ☐ Indian ☐
   Other (Please state) ..............................................................................................

7. Employer Organisation ..........................................................................................

8. Employer Contact Person ....................................................................................
   and Job Title ........................................................................................................

9. Employer Address and Phone Number ................................................................

   ...........................................................................................................................
   ...........................................................................................................................
   ...........................................................................................................................
10. The following information is required with your application:
(Please tick the box when the document is attached.)

☐ A copy of your current Annual Practising Certificate.
☐ The employer endorsement below.
☐ Evidence of attempts to secure course fee funding from any other source (include contact details).
☐ The completed certificate of accuracy (page 5)

EMPLOYER ENDORSEMENT

Please ask your employer to endorse the following statements by signing as requested.

- I employ .................................................................
  (applicant’s name)
- I am happy for her/him to attend the smear taker training course.
- I will encourage and assist ........................................
  (applicant’s name)
  to successfully complete the smear taker training course.
- The need for additional smear taker resource in this service is:
  Low ☐  Medium ☐  High ☐
- I would like the applicant to make use of the limited NSU funding available for smear taker training.

Employer's Signature: .................................  Date: ......................

Employer's Name: .................................................................
In signing this application I confirm all of the following:

- I have stapled 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 an eligible applicant I must, when I successfully complete the chosen course or exam, provide further payment documentation (listed on page 7) before I will be paid the training grant.

- I will begin or continue to take cervical smears for the National Cervical Screening Programme as part of my employment.

- I undertake to notify the NSU if I withdraw from the Unit Standard 1098 approved course.

- I authorise NSU to contact any person in any academic organisation and/or my employer, in connection with this application.

Note: In accordance with the provisions of the Privacy Act 1993, the Ministry of Health will, upon request by the applicant, make the applicant’s personal information available to the applicant and make any necessary corrections to ensure its accuracy.

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

Date ..............................................................
SMEAR TAKER TRAINING GRANT APPLICATION - Stage 2
(Reimbursement on completion of course)

DOCUMENTATION – STAGE 2

When you successfully complete the Unit Standard 1098 you must provide the following documented evidence to the NSU before you/your organisation can receive payment of a training grant:

☐ A copy of the Receipt for course fees from an accredited training provider of NZQA Unit Standard 1098 (please see the list on page 8).

☐ A copy of 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.**
   (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 1098 *Perform cervical screening and cervical smear taking.*
   (Your training provider will pass this information on to NZQA upon completion of your course).

You are able to view your Record of Achievement details on NZQA’s website via the following link: [https://secure.nzqa.govt.nz/for-learners/records/login.do](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 of documentation:

Ivan Rowe  
National Screening Unit  
Ministry of Health  
PO Box 5013  
WELLINGTON, 6145

Email: Ivan_Rowe@moh.govt.nz
Website: www.nsu.govt.nz

Phone: (04) 816 3345  
Fax: (04) 816 4484
<table>
<thead>
<tr>
<th>Education Provider</th>
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| Eastern Institute of Technology, Hawkes Bay            | Sue Floyd (06) 974 8000 – ext 5515  
|                                                        | sfloyd@eit.ac.nz                                                                                                                           |
| Family Planning Association                            | Clinical Training and Development  
|                                                        | (09) 522 0120 ext 9214  
|                                                        | ctdadmin@familyplanning.org.nz                                                                                                               |
|                                                        | Cervical Smear taker courses plus online registration and payment facilities. Link is:  
|                                                        | http://www.familyplanning.org.nz/education_training/clinical_training_for_health_professionans                                               |
| Universal College of Learning, Manawatu                | Jen Trow  
|                                                        | (06) 952 7218  
|                                                        | j.trow@ucol.ac.nz                                                                                                                          |
| Waiariki Institute of Technology, Rotorua              | Ngaira Harker-Wilcox - HOD  
|                                                        | (07) 346 8752  
|                                                        | ngaira.harker-wilcox@waiariki.ac.nz                                                                                                        |
|                                                        | Kathleen Erskine-Shaw – Course Co-ordinator  
|                                                        | (07) 346 8912  
|                                                        | kathleen.erskine-Shaw@waiariki.ac.nz                                                                                                        |
| Waikato Institute of Technology, Hamilton              | Helen Nielsen - Programme Manager  
|                                                        | (07) 834 8800 ext 8549  
|                                                        | Helen.nielsen@wintec.ac.nz                                                                                                                  |
|                                                        | Katrina Fyers – Programme Co-ordinator  
|                                                        | (07) 834 8800 ext 8128  
|                                                        | kathina.fyers@wintec.ac.nz                                                                                                                   |
| WONS, Auckland                                         | Beth Henderson – Education Manager  
|                                                        | (09) 846 7886 – ext 715  
|                                                        | bethhenderson@wons.org.nz                                                                                                                   |