



## Australian Government

### Department of Health and Aged Care

# Health Workforce Program Primary Care Nursing and Midwifery Scholarship Program Application Form GOXXXX

**Closing date and time:** 2:00pm (Canberra local time) on **XX 2023**

**Commonwealth policy entity:** Department of Health and Aged Care (department)

**Administering entity:** Community Grants Hub

**Enquiries:** If you have any questions, contact the department via email:  
[Grant.ATM@health.gov.au](mailto:Grant.ATM@health.gov.au)

**Submitting:** Submit the completed application form and all necessary attachments by the closing date and time via the red **Submit Application** button on the left-hand side of GrantConnect.

You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email [Grant.ATM@health.gov.au](mailto:Grant.ATM@health.gov.au).

For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:

- Phone: 1300 484 145
- Email: [GrantConnect@finance.gov.au](mailto:GrantConnect@finance.gov.au)

\* Denotes mandatory fields

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## 1. Before you begin

### 1.1 Use of information \*

| Requested Information  | Applicant Response |
|--|--------------------|
| <p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none"><li>• Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website</li><li>• Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program</li><li>• Inform future assessments for Applications.</li></ul> <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p> | Choose an item.    |

### 1.2 Checklist \*

| Requested Information   | Applicant Response |
|---|--------------------|
| <p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none"><li>• Grant Opportunity Guidelines</li><li>• Program Guidelines (Attachment A)</li><li>• Application Form (this document)</li><li>• <a href="#">Commonwealth Grant Agreement</a></li><li>• Frequently Asked Questions</li></ul> | Choose an item.    |
| <p>Ensure your organisation meets the eligibility criteria set out in Section 4 of the Grant Opportunity Guidelines.</p>  | Choose an item.    |
| <p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>  | Choose an item.    |

## 2. Applicant Details

### 2.1 Entity details

| Requested Information   | Applicant Response |
|---|--------------------|
| <p><b>Is the Applicant an existing Grant Recipient? *</b></p> <p><i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i></p> | Choose an item.    |

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>Organisation ID</b><br><i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i> |                    |
| <b>Applicant's legal/registered entity name *</b><br><i>Search using the <a href="#">ABN Lookup</a>.</i>   |                    |
| <b>Applicant's Australian Business Number (ABN) *</b><br><i>Search using the <a href="#">ABN Lookup</a>. If not provided, you must provide a reason why.</i>   |                    |
| <b>Applicant's ABN Branch Number</b><br><i>This is limited to 3 digits (if applicable).</i>  |                    |
| <b>Applicant's legal entity type *</b><br><i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the <a href="#">ABN Lookup</a>.</i><br><i>Attach Proof of Entity Type when submitting your application.</i>   | Choose an item.    |
| <b>Are you applying as a Trustee on behalf of a Trust? *</b><br><i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i>   | Choose an item.    |
| <b>Is the Applicant registered as a charity? *</b><br><i>Select 'Yes' if the Applicant is registered as a charity with the <a href="#">ACNC</a>.</i>   | Choose an item.    |
| <b>Does the Applicant operate as not-for-profit? *</b><br><i>For further details about not-for-profit organisations – see the <a href="#">ATO website</a>.</i>   | Choose an item.    |
| <b>Is the Applicant registered for GST? *</b><br><i>Search using the <a href="#">ABN Lookup</a>.</i>   | Choose an item.    |
| <b>Applicant's financial email address for the receipt of any payment advice *</b>   |                    |

## 2.2 Main business address

| Requested Information               | Applicant Response |
|-------------------------------------|--------------------|
| Floor / Building, Unit, Apartment * |                    |
| Street number, name and type *      |                    |
| Suburb/Town *                       |                    |
| State *                             |                    |
| Postcode *                          |                    |

## 2.3 Postal address

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>What is the Applicant's postal address details? *</b><br><i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i> | Choose an item.    |
| Floor / Building, Unit, Apartment  |                    |
| Street number, name and type   |                    |
| Suburb/Town  |                    |
| State  |                    |
| Postcode   |                    |

## 3. Eligibility Requirements

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. *</b><br><br><i>The <a href="#">National Redress Scheme</a> for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.</i> | Choose an item.    |

## 4. Governance

| Requested Information  | Applicant Response   |
|--|--|
| <p><b>Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? *</b></p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p> | <p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p><b>OR</b></p> <p><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>                          |
| <p><b>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</b></p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>                    | <p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p><b>OR</b></p> |

| Requested Information  | Applicant Response  |
|--|---|
|  | <input type="checkbox"/> None of the above events apply and there is no adverse information on my entity. |
| <b>Does the Applicant have documented organisational and financial policies and procedures? *</b><br><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i> |   |
| <b>Does the Applicant have a business plan and/or strategic plan? *</b><br><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>                           |   |
| <b>Does the Applicant have a risk management plan? *</b><br><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>  |   |

## 5. Project/Activity Details

| Requested Information   | Applicant Response |
|---|--------------------|
| <b>Provide a short title of your Application for this Project/Activity *</b><br><i>Maximum 50 words</i> | Choose an item.    |
| <b>Provide a brief Project/Activity description *</b><br><i>Maximum 300 words</i>                       |                    |

### 5.1 Stream of activity

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>Which Stream of Activity will the Applicant be undertaking (if successful)? *</b><br><i>Choose from the options to the right. For further information on each Stream refer to the Grant Opportunity Guidelines.</i> | Choose an item.    |

### 5.2 Land/premise ownership

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>Does the Applicant own the land/premise on which the Activity/ies are planned to occur? *</b><br><i>If the Applicant does not own the land/premise on which the granting activity/ies are planned to occur, further</i> | Choose an item.    |

| Requested Information   | Applicant Response |
|---|--------------------|
| information may be requested by the department during the assessment phase. |                    |

## 6. Financial Details

### 6.1 Funding amount

| Provide a breakdown of the proposed funding amount applied for (GST exclusive) * |                    |                    |                    |               |
|--|--------------------|--------------------|--------------------|---------------|
| 2023/24 FY<br>\$ M   | 2025/26 FY<br>\$ M | 2025/26 FY<br>\$ M | 2026/27 FY<br>\$ M | Total<br>\$ M |
|  |                    |                    |                    |               |

### 6.2 Bank account details

| Requested Information  | Applicant Response |
|--|--------------------|
| <b>BSB number *</b><br><i>Must be 6 numbers.</i>   |                    |
| <b>Account number *</b><br><i>Must be 2 to 9 numbers.</i>                                |                    |
| <b>Account name *</b><br><i>As it appears on the bank statement. 60-character limit.</i> |                    |



## 7. Assessment Criteria

### 7.1 Assessment Criterion 1

#### Requested Information

##### **Criterion 1 - Alignment with Program Objectives and Outcomes\***

Demonstrate how your proposal aligns with the program, and grant opportunity objectives and outcomes at Section 3. Your response should be no more than 500 words.

In addition, you must provide an activity work plan which includes:

- How the activities proposed in your organisation's application align with the grant opportunity's objectives and outcomes.
- How your organisation will identify, engage, and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes.
- How will your organisation ensure compliance of payments being made directly to institution via the scholar.
- How your organisation will attract and support First Nations students to undertake these health-related studies in a culturally safe environment. What additional supports will be provided to acknowledge the differing challenges First Nations people face in accessing education and training.

How your organisation will ensure that priority is given to applicants who are living within regional, rural and remote Australia, in particular those living and working in areas classified under the Modified Monash Model 2019 (MMM) classification system as MM 3-7.

#### **Applicant Response – 500-word limit**

## 7.2 Assessment Criterion 2

### Requested Information

#### Criterion 2 - Organisational capability to deliver the grant activities\*

Demonstrate your organisation's capability to deliver the grant activities, and how your proposal addresses the risks involved in undertaking the grant activity.

A strong response will include:

- a detailed description of the proposed activities, the delivery methodology (including existing infrastructure and relationships that will support the project activities), and the key outputs.

In addition, you must complete the activity work plan (template on GrantConnect). The activity work plan does not count towards the word limit for this criterion and must include:

- The key tasks your organisation will undertake to meet the objectives of the grant opportunity within the timeframe.
- The proposed outputs for the activity.
- The performance measures for the activity.

### Applicant Response – 500-word limit

## 7.3 Assessment Criterion 3

### Requested Information

#### Criterion 3 – Efficient, effective, economical and ethical use of grant funds \*

Demonstrate how you will ensure the efficient and economical use of grant funds when delivering your activities.

A strong response will:

- identify how the activities will achieve high quality outcomes in a cost-effective way.

In addition, you must also complete the indicative budget template (template on GrantConnect). The indicative budget will not count towards the word limit and must include:

- How the funds will be administered and managed throughout the grant period.
- A breakdown of key expenditure required to deliver the grant opportunity, including an itemised activity budget that aligns with the requirements set out in Section 7.3.

### Applicant Response – 500 word limit

## Requested Information

### Criterion 3 – Efficient, effective, economical and ethical use of grant funds \*

Demonstrate how you will ensure the efficient and economical use of grant funds when delivering your activities.

A strong response will:

- identify how the activities will achieve high quality outcomes in a cost-effective way.

In addition, you must also complete the indicative budget template (template on GrantConnect). The indicative budget will not count towards the word limit and must include:

- How the funds will be administered and managed throughout the grant period.
- A breakdown of key expenditure required to deliver the grant opportunity, including an itemised activity budget that aligns with the requirements set out in Section 7.3.

## Applicant Response – 500 word limit

## 7.4 Assessment Criterion 4

## Requested Information

### Criterion 4 – Demonstrate effective risk management strategies\*

Demonstrate your organisation's approach to risk management, including information about your organisation's governance, risk management plan and how risks are reported.

In addition, complete the risk management plan template (template on GrantConnect) in relation to the grant activity. The risk management plan will not count towards the word limit and must include:

- All identified risks.
- The likelihood of the identified risks occurring.
- The impact on the activity should the identified risk occur.
- The mitigation strategies to respond to all risks.

## Applicant Response – 500 word limit

| Requested Information   |
|---|
| <p><b>Criterion 4 – Demonstrate effective risk management strategies*</b></p> <p>Demonstrate your organisation’s approach to risk management, including information about your organisation’s governance, risk management plan and how risks are reported.</p> <p>In addition, complete the risk management plan template (template on GrantConnect) in relation to the grant activity. The risk management plan will not count towards the word limit and must include:</p> <ul style="list-style-type: none"> <li>• All identified risks.</li> <li>• The likelihood of the identified risks occurring.</li> <li>• The impact on the activity should the identified risk occur.</li> <li>• The mitigation strategies to respond to all risks.</li> </ul> |
| Applicant Response – 500 word limit   |
|   |

## 8. Additional Information

### 8.1 Fraud/Non-compliance

| Requested Information   | Applicant Response     |
|---|------------------------|
| <p><b>Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? *</b></p> <p><i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i></p> | <p>Choose an item.</p> |

### 8.2 Joint (consortium) application

| Requested Information  | Applicant Response     |
|--|------------------------|
| <p><b>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</b></p> <p><i>If ‘Yes’ list the legal names and ABNs of all members of the consortium below. If ‘No’ move to the next section. Add more rows to the below as necessary.</i></p> <p><b>Note:</b> <i>If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</i></p> | <p>Choose an item.</p> |
| <b>Legal name of consortium member</b>   | <b>ABN</b>             |
|  |                        |

| Requested Information  | Applicant Response |
|--|--------------------|
| <p><b>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</b></p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p><b>Note:</b> <i>If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</i></p> | Choose an item.    |
| <b>Legal name of consortium member</b>   | <b>ABN</b>         |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |

## 9. Attachment/s

| Requested Information  | Applicant Response |
|--|--------------------|
| <p><b>Attachment/s to the Application: *</b></p> <p>We require the following documents with your application (as outlined in section 7.1):</p> <ul style="list-style-type: none"> <li>• Proof of entity type.</li> <li>• Activity work plan.</li> <li>• Indicative budget.</li> <li>• Risk management plan, and any supporting documentation describing how you propose to monitor, manage and report identified risks including risks that may arise during your project (this should be scanned into 1 document).</li> </ul> <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p> | Choose an item.    |

## 10. Applicant Contacts

### 10.1 Preferred authorised contact

| Requested Information | Applicant Response |
|-----------------------|--------------------|
| Title *               |                    |
| First name *          |                    |
| Last name *           |                    |
| Position *            |                    |
| Telephone *           |                    |
| Mobile                |                    |
| Email address *       |                    |

### 10.2 Alternate authorised contact

| Requested Information | Applicant Response |
|-----------------------|--------------------|
| Title *               |                    |
| First name *          |                    |
| Last name *           |                    |
| Position *            |                    |
| Telephone *           |                    |
| Mobile                |                    |
| Email address *       |                    |

## 11. Declaration

| Requested Information   | Applicant Response |
|---|--------------------|
| <b>Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? *</b><br><i>If 'Yes', please provide details in the next response.</i>                          | Choose an item.    |
| <b>Detail conflict of interest</b>  |                    |
| I declare that: <ul style="list-style-type: none"><li>The information contained in this form is true and correct.</li><li>I have read, understood and agree to abide by the Grant Opportunity Guidelines.</li></ul> |                    |

| Requested Information   | Applicant Response |
|---|--------------------|
| <ul style="list-style-type: none"> <li>I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.</li> <li>I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.</li> <li>I have read, understood and agree to information provided in this Application as detailed in the Use of information.</li> <li>If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.</li> </ul> <p>I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.</p> |                    |
| Requested Information   | Applicant Response |
| <b>I understand and agree to the declaration above *</b>  | Choose an item.    |
| <b>I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *</b>  | Choose an item.    |
| <b>Signature of Authorised Representative *</b><br><i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>   |                    |
| <b>Full name of Authorised Officer *</b>  |                    |
| <b>Position of Authorised Officer *</b>   |                    |
| <b>Date *</b>   |                    |