Form 3:

2026 South Australian Premier’s Nursing and Midwifery Scholarship

Organisation / Employer Endorsement

This form is to be completed by:

**Section 1:** Applicant

**Section 2:** Applicant’s Line Manager/Supervisor

**Section 3:** Applicant’s Chief Executive Officer (CEO) / Executive Director of Nursing/Midwifery (EDONM) (or equivalent for private, community and aged care sector employees)

Prior to applying for a 2026 South Australian Premier’s Nursing and Midwifery Scholarship, the proposal must be approved by the applicant’s Chief Executive Officer / Executive Director of Nursing/Midwifery (or equivalent for private, community and aged care sector applicants) and the applicant’s direct line manager/supervisor.

Section 1

To be completed by the Applicant

Name:

Employee Number (SA Health employees only):

Summary of Proposal:

Section 2

To be completed by the Applicant’s Direct Line Manager / Supervisor

I have reviewed and endorse the application, inclusive of the study tour proposal of *(applicant’s name)* .

I confirm this application has applicability to the priorities of the Unit / Service / Division and the applicant’s workplace and that they possess the relevant attributes, expertise, and leadership to attend this study tour and action the expected outcomes upon their return.

I agree to work with the applicant to complete the action plan and support the implementation of the agreed actions over the specified timeframes.

Signature:

Print Name:

Designation:

Date:

Section 3

To be completed by either the Chief Executive Officer or Executive Director of Nursing / Midwifery (or equivalent for private, community, and aged care sector applicants)

I have reviewed and approve the application, inclusive of the study tour proposal of *(applicant’s name)* .

I confirm this application has applicability to the priorities of the applicants Local Health Network / Workplace, and that they possess the relevant attributes, expertise, and leadership to attend this study tour and action the expected outcomes upon their return.

[ ]  I agree to support the above-named applicant to undertake the study tour with paid leave.

[ ]  I acknowledge the above-named applicant, if injured whilst on duty overseas, may be eligible for Workcover and that the final decision in relation to compensability for injuries sustained overseas must be made in accordance with the relevant legislation.

Signature:

Print Name:

Designation:

Date: