



**New Zealand HealthCare Pharmacists' Association Incorporated**  
Aotearoa Hauora Kai Whakaranu Rongoa

**Application for NZHPA Awards**

**Vision:** Supporting innovation in the practice of pharmacy and promoting effective medicines management

**Important Notes**

Recipients of NZHPA awards are required to provide within two months of completion of the activity associated with the award:

1. A written report to the NZHPA Executive that is also suitable for publication in a national forum, and
2. A paper or poster presentation at the next appropriate NZHPA conference or Special Interest Group (SIG) meeting on what you gained from receiving the award (e.g. significant learnings, changes to your practice of pharmacy, initiatives initiated).

The requirements of an award may be modified by the Executive.

This application is for the \_\_\_\_\_ award.  
(enter name of award)

This application is for assistance from the NZHPA Education Fund.

Please  the appropriate box

**Proposed Use if You Receive this Award**

(A brief description only; e.g. if applying for support to attend a conference are you presenting?)

---

---

**Your Details**

*Please print all details clearly*

**Name** Dr/Mr/Mrs/Ms/Miss

\_\_\_\_\_  
First Name Surname Preferred Name

**Postal Address**

(Business is preferred)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
City Postcode

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Year of joining the NZHPA** \_\_\_\_\_

**Professional qualifications** (including post-graduate study and year of qualifying)

---

---

---

**Work Experience**

**A. Present Position**

**Position** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Dates** \_\_\_\_\_

**Duties** \_\_\_\_\_

---

---

**Proposed Use if You Receive this Award**

**A. What do you aim to achieve?**

---

---

---

---

**B. What methods will you use and which healthcare programmes, clinics, hospitals or academic institutions will you visit? Give details of any courses or conferences you wish to attend.**

---

---

---

---

**C. In what ways do you consider you are competent to achieve the aims of the project?**

---

---

---

---

**D. How will your activity have relevance to the practice of pharmacy in New Zealand?**

---

---

---

---

**E. How do you propose to share your knowledge with other NZHPA members?**

---

---

---

---

**Funding**

Give full details of other proposed that you will apply for, or confirmed funding that you have:

---

---

---

**Expenses**

Please give an indicative breakdown of expected expenses.

Activity	Estimated Cost
Travel	
Accommodation	
Meals	
Other (please state)	
<b>Estimated Total Costs</b>	

**Note** Award moneys are paid out retrospectively on submission of an Expense Claim Form along with receipts ('Tax Invoices') for the appropriate expenses.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete and return this form to:  
**The Administrator**  
**NZ HealthCare Pharmacists' Association**  
**PO Box 11-640, WELLINGTON**  
[www.nzhpa.org.nz](http://www.nzhpa.org.nz)