**Awards**

The New Zealand Wound Care Society (NZWCS) is pleased to be able to offer an Award Programme for publications and articles. They are as follows:

**Tissue Issue Article**

* A $100 award to a NZWCS member or a 1-year subscription to the NZWCS for a non-member for an article written and published by NZWCS in our newsletter ‘Tissue Issue’. This newsletter is published 5 times per year and a list of future topics can be found at the end of the newsletter.
* Applications for this award must be received once your article has been accepted to feature in Tissue Issue and at least 2 months before the topic is featured in Tissue Issue.

**Best Publication**

* A $500 award to the best article/publication in a peer review or other recognised journal. Publication/article must have been published within a year of the application for the award.
* This award is open to all members of the NZWCS. If this is a joint publication, then at least one member of the group needs to be a NZWCS member
* The award of $500 is to be shared between all named contributors to the article.
* Applications for this award opens on 1st August with the closing date of 31st October. Award will be presented in November.

**Best Runner-Up**

* Depending on the number of applications received for the above award, there will be up to 3 Runner-Up awards of $100 each.

These awards will be judged by a panel and their decision will be final and no discussion on the subject will be entered into.

Application forms should be sent via e-mail to [administrator@nzwcs.org.nz](mailto:administrator@nzwcs.org.nz).

##### AWARD APPLICATION FORM

# New Zealand Wound Care Society Education Scholarships

**Applications must be submitted as Microsoft Word documents, typed, single spaced 12 point, Arial font.**

To complete this document electronically, begin by saving the document to your computer using Save As… from the File menu. Include your name and year in the title. Once saved, use the Tab button to move through the shaded text fields (or Shift+Tab to go backward), or click on the shaded area with your mouse. Type your information into each text field as indicated. Click on the boxes () to select/deselect.

Make sure you have included all the required information noted in the ‘Checklist’ on the last page.

Remember to save your document once you have filled it in via e-mail to the NZWCS Administrator.

**PART 1 – PERSONAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | | |  | | | | | | |
| Title (Dr, Mr, Mrs, Ms, Miss): | | | |  | | | | | | |
| Last/Family Name: | |  | | | | | | | | |
| First Name(s): | |  | | | | | | | | |
| Employer: | |  | | | | | | | | |
| Job title: | |  | | | | | | | | |
| Postal address: | |  | | | | | | | | |
| Daytime Phone No: | |  | | | | Mob: |  | | | |
| E-mail: | |  | | | | | | | | |
|  | | | | | | | | | | |
| NZWCS M/ship No.: | | |  | | (you must be a current NZWCS Member) | | | | | |
| **Submission you are applying for (click on box to mark with an X):** | | | | | | | |  | | |
| a) | Tissue Issue Article | | | | | | |  |  |
| b) | Publication/Article in a peer review or other recognized journal | | | | | | |  |  |

I certify that the details contained in this application are correct.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**PART 2 – BACKGROUND INFORMATION**

* Please supply a short Curriculum Vitae.
* Please supply a letter from your co-writer granting you permission to submit this publication/article for review

|  |  |
| --- | --- |
|  |  |
| **Outline your Publication**: | |

**Professional Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of registration(s): |  | | |
| Year of registration(s): |  | | |
|  | | | | |
| Practising certificate expiry date (if applicable)? | |  |  | |

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| --- |
| **Short Curriculum Vitae (or attach a separate document.) (This area will expand on typing):** |
|  |

|  |  |
| --- | --- |
| **Checklist:**  Make sure you have included the following in your application. Incomplete applications may not be considered. | |
| * Application Form Completed and Signed |  |
| * Letter showing co-writer’s support |  |
| * Relevant supportive evidence |  |
| * Short Curriculum Vitae |  |

**Send completed application to the NZWCS Administrator:**

[administrator@nzwcs.org.nz](mailto:administrator@nzwcs.org.nz)