

## Criteria for Grant Funding – Registered Midwives

#### **Eligible Activities**

Waikato Region NZ College of Midwives will consider monetary grants towards the following activities:

- Attendance at a conference with relevance to the New Zealand midwifery scope of and standards of practice;
- Activities promoting the well-being of New Zealand mothers and babies;
- Activities promoting the aims and objectives of the NZ College of Midwives;
- Volunteer activities with a midwifery focus.

### **Requirements for Funding**

- Be a current financial member of Waikato Region of NZ College of Midwives;
- Have attended a minimum of three regional meetings within the preceding 12 months;
- Registration fees must be paid in advance and a receipt is to be submitted with your application for funding;
- In exceptional circumstances, and with written application, funds may be provided in advance to the applicant;
- Where an 'early bird' registration fee is offered, this is the maximum amount the Region will consider funding;
- Grants are for conference/activity fees and do not include travel, accommodation or associated attendance costs;
- Applications for funding of voluntary activities will be considered on a case-by-case basis;
- Applicants must provide feedback on their conference/activity at a Regional meeting within six months of receiving funding.

### What Next?

If you feel you are eligible and wish to apply for funding:

Complete an Application for Grant Funding – Registered Midwives



Include copy of receipt for payment of conference/activity fee



Submit your application to the Secretary via email: *secretarywaikatonzcom@gmail.com* 

#### Disclaimer - Please note:

- Funding is at the discretion of the NZCOM Waikato Committee
- All grants will be subject to the availability of sufficient regional funds on the advice of the Treasurer.
- The NZCOM Waikato Committee reserve the right to agree on a grant amount.
- Funding must be repaid in full should any funding requirements not be met
- Funding is non-transferable



# **Application for Grant Funding – Registered Midwives**

| Full Name   |  |                   | College Membership No. |
|---|--|-------------------|------------------------|
| Mobile Number   |  | Email             |                        |
| Mailing Address   |  |                   |                        |
| Year of joining the College   | List Regional Meetings attended in the last 12 months: |                   |                        |
| Describe the activity/conference you are requesting funding for (title, date, location, objective), and how you plan to feedback to the region: |  |                   |                        |
|   |  |                   |                        |
|   |  |                   |                        |
|   |  |                   |                        |
| Costs Involved  |  | Funding Requested |                        |
|   |  |                   |                        |
| Bank Account Details (Bank and Account Number)  |  |                   |                        |
| Receipt for fees included?  |  |                   |                        |
| Applicant Signature   |  |                   | Date                   |
|   | Amount Funded  |                   | Date Funds Paid        |
| Chairperson Signature   |  |                   | Date                   |