

# NZMPA SCHOLARSHIP FUND

Guidelines for Applicants 2020

Po Box 35 602 Browns Bay Auckland 0753 p. 09 476 5353

admin@nzmpa.org.nz www.nzmpa.org.nz

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#### NZMPA Scholarship Fund

The New Zealand Manipulative Physiotherapists' Association (NZMPA) Scholarship Fund was introduced in 2000 to financially assist physiotherapists to further their education and provide increased research opportunities.

The Scholarship Committee, consisting of the Trustees of the NZMPA Trust determines the amount available for distribution per funding round. They are also responsible for the selection process and allocation of grants.

New Zealand registered physiotherapists are invited from time to time, as determined by the Scholarship Committee, to apply for funding from the Scholarship Fund. Such funding will have a priority to *research;* however; the funding may be used to support physiotherapists in the areas of:

- Travel assistance
- Funding of Conferences/Conference Speakers and Courses.

The Scholarship Committee reserves the right to determine whether or not a particular application fits the criteria, whether any or a modified number of scholarships/grants will be awarded, or whether it considers a particular application deserves support in relation to any criteria it may determine from time to time.

#### **Dates for Consideration**

The Scholarship Committee will advertise each funding round and indicate when it closes.

Applications for funding must be made on the NZMPA Scholarship Fund Application Form as appended to this document and reach the Scholarship Committee by the due date specified. The required attachments must accompany the application for it to be formally accepted.

The Guidelines for Applicants together with Application Forms are available from:

Scholarship Committee NZMPA P O Box 35 602 Browns Bay, Auckland Email: <u>admin@nzmpa.org.nz</u>

Requests for funding must be submitted electronically to <u>admin@nzmpa.org.nz</u> Applications are not considered for late or retrospective activities.

## **Evaluation Criteria**

Applicants for funding that will have a priority to research but may also be for travel assistance or funding of attending of conferences or courses or for conference speakers will be evaluated for the following criteria:

- Contribution to physiotherapy and in particular musculoskeletal physiotherapy;
- Objectives and rationale;
- Overall quality of plan and methodology;
- Feasibility, effective risk identification and methods of quality assurance;
- Originality of project and potential for application within musculoskeletal physiotherapy; and
- Justification of budget.

#### Inclusions:

- Funding can contribute to any aspect of the project provided that the Scholarship Committee deems that it is within scope and interests of both the Trust Fund and NZMPA.
- Funding may be awarded for all or part of the project at the sole discretion of the Scholarship Committee.

#### **Exclusions:**

• Funding should not be requested where costs are ordinarily covered by other funding processes.

#### **General Conditions**

- Applicants must be a current New Zealand Registered Physiotherapist.
- Awards not taken up within the agreed time will be deemed to have lapsed.
- No awards will be made for projects which are purely intended as profit making ventures.
- Successful applicants will be sent a formal acceptance notice requiring them to subscribe to the terms laid down by the Scholarship Committee. This must be returned completed to the satisfaction of the Scholarship Committee prior to funds becoming available.
- Publications or other presentations that result from the Scholarship are encouraged. Any
  publications or presentations resulting from work done during the tenure of a Scholarship shall
  include an acknowledgment of financial support provided by the NZMPA Scholarship Fund by way
  of a suitable statement of acknowledgment.
- All information supplied will be treated in confidence. Only: the names, topic of the award, the year for which the award was taken up, and the amount of the Award will be published.
- Applications for travel and costs must include a copy of the presentation to be given or a detailed abstract and details of the event where it will be presented or that will be attended.
- Any successful applicant for funding must agree to present their research, or the conference proceedings, to the next NZMPA Conference.

## **Application Procedures**

- The Guidelines for Applicants should be read before the application process commences. The Scholarship Application Form is appended.
- Applications will only be accepted on the designated and properly completed Application Form, supported by the required documents, and with the necessary signatures.
- It is the responsibility of the applicant to ensure that all necessary administrative procedures are addressed and provided by the closing date.
- In all relevant cases a current curriculum vitae must be provided along with the application.
- In all relevant cases the names and contact information (telephone, facsimile and postal) for two professional referees capable of providing the committee with comment on the proposal must be provided.

## Reports

Reports on progress may be requested by the NZMPA at any time, but in any case, the Applicant shall submit to the NZMPA a final written report on the work/use of the scholarship.

Any successful applicant for funding must also agree to present their research, or the conference proceedings, to the next NZMPA Conference.

## **Disputes and Appeals**

- In the event of a dispute concerning the administration or other matters pertaining to an application or scholarship the Scholarship Committee will establish an appeal procedure which will incorporate:
  - a) Provision for a request to the Committee to formally reconsider the matter in question (in the case of a declined application this would be normally at the time of the next application round)
  - Provision for a formal interview, at their own expense, with the applicant or
     Scholarship holder at which the applicant will be able to present other material
     relevant to the matter in question.
  - c) If the decision of the Scholarship Committee stands their decision is final and no further review procedure is possible.

## Appendix



#### NEW ZEALAND MANIPULATIVE PHYSIOTHERAPISTS' ASSOCIATION INC

**APPLICATION FOR FUNDING 2020** 

## Application Form

#### SECTION 1 PERSONAL DETAILS

| Name and Organisation of | of Lead Applicant:            |                     |                                 |   |
|--------------------------|-------------------------------|---------------------|---------------------------------|---|
| <u>Name</u>              |                               | <u>Organisation</u> |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          | n(s) of Partner Applicant(s): |                     |                                 |   |
| <u>Name</u>              |                               | <u>Organisation</u> |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
| Contact Details:         |                               |                     |                                 |   |
| Postal Address:          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
| <b>T</b> - L h h().      |                               |                     | Development                     |   |
| Telephone number(s):     | Home:                         |                     | Business:                       | - |
|                          | Mobile:                       |                     | E-mail:                         |   |
|                          |                               |                     |                                 |   |
| Applicant's contribution | to the NZMPA (years of mer    | mbership; involv    | ement in NZMPA activities etc). |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |
|                          |                               |                     |                                 |   |

| PROJECT TIT   | LE:                        |                                |         |
|---------------|----------------------------|--------------------------------|---------|
| CATEGORY:     | Research Project 🗖         | Travel/Attendance Assistance 🗖 | Other 🗖 |
| DETAILS:      |                            |                                |         |
| Total amour   | nt requested:              |                                |         |
|               |                            |                                |         |
|               |                            |                                |         |
| Year in whic  | h award is to be taken up: |                                |         |
|               |                            |                                |         |
| Expected du   | ration of project:         |                                |         |
|               |                            |                                |         |
| Abstract of   | wanacalı                   |                                |         |
| Abstract of p | лорозаі.                   |                                |         |
|               |                            |                                |         |
|               |                            |                                |         |
|               |                            |                                |         |
|               |                            |                                |         |

IF NON-RESEARCH:

Brief description of programme.

Summary calendar (if travel involved).

Necessity for funding (justify request).

Method(s) of reporting and evaluation proposed.

Method(s) proposed to disseminate knowledge or skills gained.

Any other matter applicant(s) wishes to use to support their case.

#### IF RESEARCH:

A detailed description of research proposal is required which includes:

Aims of research Significance of research Design methodology Equipment Reporting methods Ethical Approval

Has the project been scientifically assessed by an independent reviewer, or is there an intention to do so?

Append additional sheets if required

#### SECTION 4: BUDGET AND RESOURCES

#### Specify the itemised budget for the proposed project

Note – GST, salaries and equipment excluded from Grant consideration

| Accommodation                                     |     | <u>\$</u>    |
|---|-----|--------------|
| Travel  |     | \$           |
| Tuition/Conference Fees                           |     | <u>\$</u>    |
| Payment of Fees to Scholars/Tutors taking Courses |     | <u>\$</u>    |
| Equipment   |     | <u>\$</u>    |
| Clerical/Administrative                           |     | <u>\$</u>    |
| Specify Other                                     |     | <u>\$</u>    |
| Total Overall                                     | NZ  | \$           |
|   | 112 | <del>?</del> |
| Indication of Other Finance                       |     |              |
| Other funding provided                            |     |              |

Application for other funding

Further comments on Finance/Justification of funding e.g. leave without pay

**NOMINATED REFEREES:** List of names and contact information (telephone, email and postal) for two professional referees capable of providing the committee with confidential comment on this proposal.

| 1)               | Name:                          |   |                |
|------------------|--------------------------------|---|----------------|
|                  | Address:                       |   |                |
|                  |                                |   |                |
|                  |                                |   |                |
|                  | Phone/Fax:                     |   |                |
|                  | Email:                         |   |                |
|                  |                                |   |                |
| 2)               | Name:                          |   |                |
|                  |                                |   |                |
|                  | Address:                       |   |                |
|                  |                                |   |                |
|                  |                                |   |                |
|                  | Phone/Fax:<br>Email:           |   |                |
|                  |                                |   |                |
| DECLARATION      |                                |   |                |
| I hereby declare | , that all the information con | tained in the application is to the best of my/our knowledg | e accurate and |
| correct. The app | licant(s) has/have read the G  | uidelines for Applicants published by the NZMPA and clearly |                |
| implications and | d their responsibilities.      |   |                |
| Signature(s)     |                                | Date  |                |
|                  |                                |   |                |
|                  |                                |   |                |
|                  |                                |   |                |
|                  |                                |   |                |