

**2024 Round 2: Franklin Women Carer’s
Scholarship Application Form**

This Application Form constitutes only part of what is required to apply for the Franklin Women Carer’s Scholarship, funded in partnership with the Sydney Local Health District. The purpose of this scholarship is to reduce barriers associated with caring responsibilities to enable primary carers to participate in career opportunities. Detailed application requirements can be found on our website (<https://franklinwomen.com.au/scholarship/>). Please note: any word limits listed in this application form will be reviewed as part of the evaluation process.

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| **Section A: Applicant Details**  |
| **Title:** |       | **First Name:** |       | **Surname:** |       |
| **Telephone:** (including area code)**:** |          | **Mobile:** |       |
| **Email:** |       |
| **Current position:**       |
| **Organisation (including affliliations):**  |
| **Employment type:**  |  Other, please specify:       |
| **FW membership type:** |   |
| **Indicate your carer’s responsibility type:**  |
| **Gender:** |  Prefer to self-describe:      *\*for data collection purposes only – you may leave this answer blank if you prefer* |
| **Section B: Career Summary**  |
| **Please provide an outline of where you are in your career. Include any highlights (approach this as a brief summary of your attached CV) and any key milestones you are working towards in the next 12 months, including how these relate to the opportunity you are requesting funding for.** (Max 250 words)      |
| **Section C: Caring Responsibilities** |
| **Please outline your caring responsibilities and the impact these have had on your career, particularly noting how these relate to the opportunity you are requesting funding for.** (Max 250 words)      |
| **Section D: Proposed Use of Funds** |
| We acknowledge that carers experience a range of challenges so we invite you to identify the career opportunity that would be most valuable to you right now, and propose a use for funds that will alleviate caring responsibilities so you can access/fully participate in this opportunity. Further details and examples can be found in the*Instructions to Applicants* document. |
| **Briefly state (15 words or less) what you are requesting funds for:**  |
| **Amount of funds required** (up to $1500):       |
| **Please summarise below how the funds will be used to reduce any caring-related barriers to your access/full participation in the proposed career opportunity. Where possible, please justify how you arrived at the requested amount by including an itemized budget. If your opportunity is a conference, please provide the name and date.** (Max 250 words)      |

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| **Applicants Statement**By signing, I confirm that: (1) all details provided in the application (including supporting documents) are correct; (2) that I have complied with all instructions in the application; and (3) that all necessary supporting documentation has been provided (refer to *Instructions to Applicants* document).If successful, I agree to:[ ]  contribute to the Franklin Women blog or newsletter within 12-months of receiving the scholarship.Please see our Privacy Notice at the end of this document. |
| **Applicant (full name)** |       | **Date:** |
| **Signature** |  |   /  /     |
| Privacy Notice: The information supplied in this scholarship application is required by Franklin Women in order to assess candidates for this funding scheme. Franklin Women reserves the right to reverse or vary any decision made if it is found that the decision has been made on the basis of incomplete or incorrect information supplied by the applicant. Franklin Women may publicise the names, areas of research and other relevant details of successful applicants. The information provided in the application will be provided to members of the Franklin Women NSW Peer Advisory Committee as part of the review process. |