



NEW ZEALAND ASSOCIATION
OF OPTOMETRISTS INC.

NZAO Extern Student Scholarship

New Zealand Association of Optometrists (NZAO) established this Scholarship through the New Zealand Optometrical Trust (NZOT) to provide financial assistance for Optometry Part V (Final Year) Extern Students undertaking clinical placements at the practices of NZAO members within NZ.

Applicable Study: OPTOM 560 Externship Training Programme at DOVS University of Auckland
Closing Date: 1st May of the year in which the Scholarship is awarded
Value of Award: The amount varies but up to \$1,200
For: Financial assistance for expenses including travel and accommodation costs

Selection Process:

- Application made by letter to NZOT (application forms available from NZAO)
- A Selection Committee assesses the applications
- The Scholarship is awarded by NZOT on the recommendation of the Selection Committee

REGULATIONS

1. The Scholarship shall be known as the NZAO Extern Student Scholarship.
2. The value of the Scholarship varies but shall be up to \$1,200 for an NZAO Student Member enrolled in Bachelor of Optometry Part V (Final Year) at Department of Optometry and Vision Science (DOVS) at the University of Auckland.
3. The candidate must intend to work within NZ for the first year upon graduation.
4. The Extern Host Site must be within New Zealand.
5. Supervision at the Extern Host Site must be provided by an NZAO Member of good standing who has no less than three years clinical work experience.
6. The Scholarship shall be paid in one instalment.
7. The Scholarship shall be awarded by NZOT on the recommendation of a Selection Committee comprising two representatives of the NZAO and one representative of DOVS.
8. Selection criteria relate to widening the range of clinical experiences available for Extern Students and are: candidate's proposed externship expenses and (if applicable) evidence of financial hardship; candidate's previous optometric work experience; geographic location of the Host Site (central Auckland vs small town/rural); patient demographics of the Host Site.
9. The Scholarship shall be tenable by any New Zealand citizen or permanent resident of New Zealand or international student who is of good standing.
10. The Selection Committee may refrain from making a recommendation if it finds no candidate of sufficient merit.
11. The holder of the Scholarship is required to submit a brief report to NZOT at the end of the externship.
12. The holder of the Scholarship agrees to participate in a random audit of externship expenses and to repay any and all monies received if they were not spent for the purpose for which they were given, or if the holder is found to have provided false or misleading information.
13. NZOT has power to amend or vary these Regulations, in consultation with the NZAO, provided that there is no departure from the main purpose of the Scholarship.
14. Applications for the Scholarship shall be made to NZOT not later than 1st May of the year in which the Scholarship is awarded.

New Zealand Optometrical Trust
PO Box 51008
Tawa
Wellington 5249

Email: nerf@nzao.co.nz
Phone: 04 473 2322



NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.

NZAO Extern Student Scholarship Application Form

1. PERSONAL DETAILS

(a) Surname or Family Name
First or Given Names
(Please underline preferred name)
Gender Female Male
Student ID No Date of Birth
(b) NZ Citizen or PR
(c) Town/City
Postal Address
Home Phone
Mobile
Email

2. ATTACHMENTS – Please attach a copy of:

- (a) Your answers to the Selection Criteria Questions (Q1 – Q9)
- (b) Your brief curriculum vitae (max 2 pages)
- (c) Signed and dated declaration form

3. DECLARATION – I, (name) declare that I have read the Regulations pertaining to this Scholarship, that all information enclosed and attached to my application form is true and correct, that no relevant information has been withheld, and that I authorise NZOT to verify any details provided.

Signature: Date:

4. APPLICATIONS CLOSE 5.00 PM 1st May of the year in which the Scholarship is awarded

5. RETURN OF APPLICATION – Return or email this application form with attachments to:

**New Zealand Optometrical Trust
PO Box 51008
Tawa
Wellington 5249**

**Email: nerf@nzao.co.nz
Phone: 04 473 2322**

Selection Criteria Questions - Please answer the following questions:

1. Do you intend to work in New Zealand for the first year upon graduation? (Y/N)
2. Briefly outline the reasons why you require funding. Reasons might include externship-related travel and accommodation expenses, or financial hardship due to family commitments or other personal circumstances.
3. Briefly outline your work experience related to optometry or the optical industry (if not described in your CV)
4. Provide the name of the NZAO member optometrist(s) who has agreed to provide supervision during your externship

9. Financial Information

(A) Expenses During Externship

| | |
|--|----------|
| Externship travel costs | |
| mileage costs if driving | \$ _ |
| or return airfares | \$ _ |
| other transport costs | \$ _ |
| | |
| Externship accommodation costs | |
| day rate = ? \$ _ | |
| total for the externship | \$ _ |
| or state if own private arrangements (Y/N) | |
| | |
| Auckland accommodation costs still required to be paid while on extern | |
| your Auckland rent/mortgage day rate = ? \$ _ | |
| total for the externship | \$ _ |
| | |
| Meal costs | |
| cost per day = ? \$ _ | |
| total for the externship | \$ _ |
| | |
| Other costs | |
| loss of income (in hand) from paid employment while on extern | \$ _ |
| other (specify eg childcare) | \$ _ |
| | |
| Total (A) Expenses | \$ _____ |

(B) Income During Externship

| | |
|--|----------|
| Student Allowance income | \$ _ |
| | |
| Salary advance/scholarship for being bonded to an employer | |
| amount for year = ? \$ _ | |
| | |
| If you are receiving financial assistance from any other sources | |
| <u>specifically for your externship</u> then please state the amount you | |
| are receiving and the source of that funding | |
| Financial assistance from employer bonding <u>for externship</u> | \$ _ |
| Financial assistance from the Host Site <u>for externship</u> | \$ _ |
| | |
| Other income (specify) | \$ _ |
| | |
| Total (B) Income | \$ _____ |
| | |
| Difference of (A) minus (B) = Net Expense of Externship | \$ _____ |

For Office Use Only

Name of Candidate:

Candidate intends to work in NZ after graduation (Y/N)

Candidate is an NZAO student member of good standing (Y/N)

Externship supervisor is an NZAO member of good standing 3+ yr (Y/N)

Candidate's proposed extern expenses (1-5)
deduct points for padding of expenses

Candidate's financial hardship (1-5)

Geographic location of the Host Site (1-5)

Educational value given the candidate's previous optometric work experience (1-5)

Educational value given the patient demographics of the Host Site (1-5)

Total Score

25 = strong candidate for funding

5 = weak candidate for funding

Selection Committee Initial

Additional Comments: