

## **2022 SCHOLARSHIP APPLICATION POSTGRADUATE TRAINING SPECILAIISING IN EYE CARE**

Thank you for your interest in the eye care programs awarded by Fiji National University at The Pacific Eye Institute (PEI).

Firstly, it is important to note that **you need to apply for admission to all eye care postgraduate programmes directly through Fiji National University**. Application for this closes on 30<sup>th</sup> July 2021. This is done either online or manually.

<https://www.fnu.ac.fj/student/academic-services/apply-here/>

If you are an employee of the Fiji Ministry of Health and Medical Services, you will need to seek approval from the Permanent Secretary of Health before applying for this scholarship. To apply email [george.kasami@govnet.gov.fj](mailto:george.kasami@govnet.gov.fj) and [melimatanatoto@gmail.com](mailto:melimatanatoto@gmail.com).

- *If you are applying for the **Postgraduate Diploma in Eye Care**, you must have a minimum of 1-year post nursing internship work experience, and have completed a 1-month attachment at an eye clinic prior to beginning the program.*
- *If you are applying for the **Postgraduate Diploma in Ophthalmology**, you must have a minimum of 3 years work experience as a medical practitioner, including at least 6 months in a clinical ophthalmology unit prior to beginning the program. Special consideration may be taken for someone from a country with no functional ophthalmology unit.*
- *Attachment is not required for those applying for the **Master of Medicine (Ophthalmology)**.*

This application is for a The Fred Hollows Foundation NZ scholarship to assist you during your study. The scholarship will provide:

- Tuition and registration fees.
- Return travel from your current country of residence to Suva, Fiji, via the cheapest and most direct route. (If needed).
- Books and education material and ophthalmic equipment to be used during your study

You must complete this application and submit it with:

- One certified copy of your each of your academic transcripts (medical school, nursing school, tertiary qualification, or highest secondary level achieved)
- Two certified copies of your birth certificate
- A copy of your curriculum vitae
- Eight passport-sized photos

**Email to:**

[application@pei.org.fj](mailto:application@pei.org.fj)

**Application deadline:**

**30<sup>th</sup> July 2021**

### PART 1: APPLICANT DETAILS

I am applying for a scholarship to assist studying towards: (please tick one)

- Postgraduate Diploma in Eye Care (PGDEC)
- Postgraduate Diploma in Ophthalmology (PGDO)
- Master of Medicine (Ophthalmology) (MMed)

Have you applied for admission into the above programme through Fiji National University?

- Yes
- No

#### Personal Information

<b>Title:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Legal Name</b> (as it appears on your passport):					
_____		_____		_____	
<i>Last (Family)</i>		<i>First (Given)</i>		<i>Middle (Other)</i>	
<b>Preferred Name:</b> _____			<b>Nationality:</b> _____		
<b>Date of Birth:</b> _____			<b>Languages Spoken:</b> _____		
<b>Home Address:</b> _____ _____					
<b>Email address:</b> _____					
<b>Contact phone number:</b> _____					
<b>Country Passport Issued by:</b> _____					
<b>Passport Number:</b> _____			<b>Passport Expiry Date:</b> _____		

#### Previous Applications

Have you applied to study eye care programmes previously? <input type="checkbox"/> No <input type="checkbox"/> Yes (year: _____)
--

#### Emergency Contact

Name: _____	Relationship to you: _____
Telephone: _____	Email (if any): _____

**Academic Information** (if you need more space please complete on a separate page and attach, please include transcripts for all tertiary education)

Institution	Dates	Qualification

**List any in-service or short-course training you have undertaken in eye or diabetes care** (if you need more space please complete on a separate page and attach)

Course	Dates

**Employment Information** (please attach a current curriculum vitae)

**Current employer:** \_\_\_\_\_

**Current position:** \_\_\_\_\_

**Date you started this position:** \_\_\_\_\_

**What are your duties in your current position?** \_\_\_\_\_

\_\_\_\_\_

**PGDEC and PGDO scholarship applicants: please complete the following:**

**Have you completed an attachment to an eye department?** Yes No

**If yes:**           **How long was your attachment?** \_\_\_\_\_

**Where was your attachment?** \_\_\_\_\_

(Please complete personal statement found below)

**If no:**           **When will you do your attachment?** \_\_\_\_\_

**Where will you do your attachment?** \_\_\_\_\_

(Please also complete personal statement found below)

**Personal Statement** *(Please answer briefly the appropriate question- you can add paper as needed)*

1. Please discuss why you've chosen to pursue postgraduate studies in eye care. How does it fit into your career objectives? What do you hope to achieve by taking this course?

**Personal Statement:**

**PART 2: MINISTRY OF HEALTH / EMPLOYER**

*(This section is to be completed by the Ministry of Health/Employer, or the relevant country's Training Committee.)*

Applicant Name	
Applicant's Position	

**Instructions:** The above named applicant has expressed interest in enrolling in a postgraduate eye care program. The scholarship application process requires your approval, plus information on the employment situation of this applicant.

**Employment after the program** *(it is hoped that the graduate will be provided the opportunity to provide eye care in a public health setting at least 3 days a week for 2 years)*

**Where will the graduate most likely be stationed?** \_\_\_\_\_

**What will the graduate's position be?** \_\_\_\_\_

**Who will be the graduate's supervisor?** \_\_\_\_\_

**Supervisor's contact details: Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**What provision will be made for clinical space for the graduate to provide services?**

**Can the graduate, in their position within their health service, legally prescribe medication for their eye care patients?** Yes No

**What provision will be made for equipment for the graduate to provide services (e.g. medications, eye care clinical equipment)?**

**What is the estimated percentage (%) of total weekly work time that will be devoted to eye care? \_\_\_\_\_%**

**How will support for continuing education opportunities be provided to the graduate?**

**Is the applicant bonded to the Ministry of Health or Employer upon their return to work following graduation?**

- Yes (For how long?) \_\_\_\_\_
- No

**PART 3: SUPERVISOR REFERENCE***(This section to be completed by your supervisor)***Supervisor name:** \_\_\_\_\_**Position:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

Applicant Name	
Applicant's Position	

**Instructions to supervisor:** The above named applicant has expressed interest in applying for a scholarship to study in a postgraduate eye care program. We would appreciate your opinion on the suitability of this applicant. Please indicate, by selecting one option, how you rate this applicant on the following personal qualities. Please type or print neatly.

**English language ability:**

- Very competent (comfortable in communication in both written and spoken English)
- Competent (at times experiences difficulty in written and/or spoken English)
- Low (does not have ability to communicate or understand the English language)

**Motivated to use information gained during training courses:**

- High (consistent and sustained motivation in applying skills from training courses)
- Medium (some motivation in applying skills gained from training courses)
- Low (no motivation in applying skills gained from training courses)

**Disciplined work habits:**

- High (always punctual, organized, on task and accepts feedback)
- Medium (is not always punctual, organized, on task or accepting of feedback)
- Low (seldom punctual, organized, on task and doesn't accept feedback)

**Ability to be self-directed:**

- High (doesn't wait for instruction or direction to complete task that need to be done)
- Medium (usually waits for instructions but will sometimes be self-directed)
- Low (tends to wait for instructions and requires direction for task completion)

**Please describe why you believe this applicant is a suitable candidate for this scholarship** *(If you need more space please complete on a separate page and attach)*

**PART 4: HEALTH INFORMATION**

*The eye care programmes offered at FNU are intensive. It is important that you are in good health during your studies to ensure that you are able to successfully complete the program. Further, in order to obtain a student visa in Fiji you must pass a medical examination.*

*(This section to be completed by registered medical practitioner)*

**Registered medical Practitioner name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Applicant Name	
Applicant's Position	

**Instructions to medical examiner:** Please *circle* yes or no to the following questions. If yes, please give further details including dates below.

1. Has the applicant ever been hospitalised or undergone surgery of any kind:  
**Yes No**
2. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: **Yes No**
3. Does the applicant have Tuberculosis or HIV/AIDS: **Yes No**
4. Does the applicant have a disability for which they need special arrangements:  
**Yes No**

If **Yes** to any of the above, please give details and dates:

**Registered Medical Practitioner's Declaration:**

- I am satisfied that the particulars submitted by the applicant are true and correct.
- The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- I believe that the applicant is in good health and medically fit to successfully complete studies at the Pacific Eye Institute

Name of registered medical practitioner: \_\_\_\_\_

Signature of registered medical practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

## Checklist for Program Applications:

Prior to submitting your application please ensure you have completed and included the following items:

- Scholarship application form Part 1: Applicant details (including personal statement)
- Scholarship application form Part 2: Ministry of Health/Employer form
- Scholarship application form Part 3: Supervisor reference
- Scholarship application form Part 4: Health information
- One certified copy of each of your academic transcripts
- Two certified copies of your birth certificate
- Copy of your curriculum vitae
- Eight passport sized photos

If you have any questions about this application, please contact:

[application@pei.org.fj](mailto:application@pei.org.fj)