



## 2021 SCHOLARSHIP APPLICATION POSTGRADUATE DIPLOMA IN EYE CARE

The Postgraduate Diploma in Eye Care (PGDEC) is awarded by Divine Word University, Madang. The PGDEC is suitable for a motivated nurse or health extension officer with a minimum of one year's work experience who is interested in providing specialized eye care services. The PGDEC is a one-year, intensive full-time course. The program aims to provide students with values, attitudes, knowledge and skills that will enable them to provide effective and comprehensive eye care services.

Applicants will need to **apply directly to Divine Word University for admission into the program before 31<sup>st</sup> August 2020.** <https://www.dwu.ac.pg/en/index.php/study-dwu/about-faculties/apply-now>

- *A prospective candidate should have a bachelor degree in a field of health sciences, such as nursing, health extension or medicine. However, applicants with a three-year diploma in a field of health sciences may apply for recognition of prior learning (RPL) if they can demonstrate that they have workplace experiences that are equivalent to the final year of a bachelor level health sciences program.*

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 to Madang
- Books and education material and ophthalmic equipment to use during your studies
- A new laptop at a subsidized rate of PGK 500. Laptops are mandatory, as Divine Word University (DWU) is paperless.
- Accommodation at the DWU dormitory (shared rooms) and breakfast, lunch and dinner at the DWU students' mess

You must complete this scholarship application and submit it with:

- One certified copy of your current nursing or HEO registration certificate
- A copy of your results (marks) of nursing or HEO qualification.
- Copies of any other qualifications (secondary school)
- Two passport sized photos

**Email to:**

[tgende@hollows.org.nz](mailto:tgende@hollows.org.nz)

**Post to:**

Theresa Gende  
Education Manager  
Fred Hollows Foundation-PNG  
P.O.Box 32-Diwai  
Madang 511  
Papua New Guinea

**Or fax to:**

4220616.

**Application deadline: 31<sup>st</sup> August 2020**



**2020 Scholarship Application Form**

**PART 1: Personal Information**

Surname	First Name
Gender DOB    Day    Month    Year	Home Province
Are you a PNG Citizen Yes ( )    No ( )	Name of Employer
Current living address	Postal address
Telephone	Mobile Telephone (Digicel and /or B Mobile)
Fax	Email Address
Name of CEO	Name of DNS
Direct Line to CEO	Direct line to DNS
Fax (CEO)	Fax (DNS)



**PART 2: Academic Information**

Qualifications: Include date and name of secondary education and nursing or other courses and qualifications

Qualification	Year completed

- Please attached copies of all qualification certificates
- Please also attach the results (marks) of all qualifications



### **PART 3: Employment information**

*This section to be completed by the applicant's employer*

Scholarship applicants must have full backing from their health care employer, who must be committed to providing an eye care position for at least three days per week (60% of full-time tasks), preferably full time and also preferably in the public sector, for a period equivalent to the length of training undertaken.

**Employers Name:** \_\_\_\_\_ **Position** \_\_\_\_\_

**How much of the applicant's salary will be paid during their training?**

100%                       other – please indicate the %: \_\_\_\_\_

**How and where will the applicant be employed upon their return to work after graduation:**

**What provision will be made for space (e.g. for eye examinations) and equipment and supplies (e.g. medication) in the workplace for the graduate to provide eye care?**

**Which quality assurance (e.g. monitoring systems) will be in place to ensure the graduate provides high quality eye care? And who is/will be responsible for these?**

**What support for continuing education opportunities are to be provided to the graduate?**

**Please add any other comments you may have regarding the suitability, experience and character of this applicant.**

**Employer's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**PART 4: Supervisor assessment**

*This section to be completed by the applicant's supervisor*

This applicant has indicated their interest in applying for the Postgraduate Diploma in Eye Care course at DWU. Please read the preceding pages (1+2) for information on the program.

**Supervisors Name:** \_\_\_\_\_ **Position** \_\_\_\_\_

**What is your opinion on the suitability of this applicant for this program?**

**In particular, how you would rate this applicant on the following personal qualities:**

- 1. Commitment to improving the health and quality of life for people ...**
  
  
  
  
  
  
  
  
  
  
- 2. Interest in working in the area of eye care ...**
  
  
  
  
  
  
  
  
  
  
- 3. Ability to work with and communicate with others ...**
  
  
  
  
  
  
  
  
  
  
- 4. Ability to be self-aware, ethically responsible and accountable for personal and professional behavior ...**

**Supervisor's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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**PART 5: APPLICANT FORM**

This section to be completed by the applicant

**Please describe any eye care experience you have had. For how long and how often you are currently providing eye care:**

**Please list details of any previous in-service or short-course training you have undertaken in eye care:**

**What personal qualities do you have that will enable you to contribute to being a good eye care worker? Please give examples of how you have displayed these personal qualities in the past.**

**How would you explain to others why it is important that you should provide eye care to remote communities?**



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**REASON FOR WANTING TO ENROL IN THE PROGRAM**

Briefly describe why you wish to take this program of study. How will you use the knowledge and skills you learn during this course? How does this further study fit into your career objectives? Provide any other information about why you would like to undertake this training.



**Please read and sign this declaration:**

- I certify that the statements made by me on this form are correct and complete.
- I certify that I am not and will not be concurrently registered for other studies.
- I certify that, if admitted to the course, I will abide by the DWU regulations.
- I understand that, if admitted to DWU, DWU will not provide financial assistance either by grant or by remission of fees.
- I confirm that I have no undisclosed obligations or commitments to any current or former sponsors or employers.
- I understand I am responsible to pay 500 Kina before starting the PGDEC course to contribute towards the computer I will be provided with at the course.

Your name \_\_\_\_\_

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

**CLOSING DATE FOR APPLICATIONS IS 31<sup>st</sup> August 2020**

**CHECKLIST:**

**APPLICATIONS WILL NOT BE PROCESSED UNLESS YOU HAVE ATTACHED:**

- PART 1: Personal information
- PART 2: Academic information
- PART 3: Employment information
- PART 4: Supervisor assessment
- PART 5: Applicant form
- One certified copy of your current nursing or HEO registration certificate
- A copy of your results (marks) of nursing or HEO qualification.
- Copies of any other qualifications (secondary school)
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Any queries please contact:

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