

## Nursing and Midwifery Graduate Certificate Scholarship Student Agreement

I, \_\_\_\_\_ of \_\_\_\_\_ (“the **Student**”)  
(*Student Name*) (Student Home Address)

by applying for a **NSW Health**-funded scholarship with the Health Education and Training Institute (“**HETI**”) to undertake the Graduate Certificate in:

\_\_\_\_\_ (“the **Certificate**”)  
(*Graduate Certificate Name*)

Provided by:

\_\_\_\_\_ (“the **Provider**”)  
(*Provider Name*)

Agree to the following if my application is accepted:

- The Student will take all reasonable steps to comply with the requirements of the Provider which are necessary to complete the Certificate.
- The Student will provide updates on their progress in completing the Certificate to

\_\_\_\_\_ (“the **Manager**”) in an agreed upon manner and schedule.  
(*Manager Position*)

- The Student will inform HETI and the Education Provider and their Manager if they request to temporarily or permanently leave the course.
- The Student agrees that the Provider may contact the Manager directly to provide updates on the Student’s progress where there is reasonable concern by the Provider that the student is at risk of being unable to complete the Certificate, or in any other circumstance where the Provider feels there is sufficient reason to do so. If the Manager is not contactable, the Student agrees that the Provider may instead contact HETI.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Manager Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date