This form is to be completed by the applicant and signed by their manager. The form validates information provided in the application is correct and confirms the applicant meets the scholarship eligibility requirements. [Tasmanian Nursing and Midwifery Scholarships | Tasmanian Department of Health](https://www.health.tas.gov.au/careers/career-options/nursing-and-midwifery-careers/tasmanian-nursing-and-midwifery-scholarships)

#### Applicant

I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of (residential address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Confirm that

1. I hold Australian citizenship or permanent residency.
2. I hold current registration as a nurse or midwife with the NMBA.
3. I have been employed as a nurse or midwife in Tasmania for 12 months or more.
4. I am enrolled with an accredited higher education provider ***or*** a professional college/association between 1 January 2025–31 December 2025.
5. I am not receiving funding from another scholarship source (excluding UTas Partner Scholarship).
6. I do not intend on receiving funding from another scholarship source.
7. I have provided an original Confirmation of Enrolment from an accredited higher education provider, OR a professional college/ association course in my application.
8. I have provided an original Financial Statement or Tax Invoice detailing Tuition Fees for the course named in my Tasmanian Nursing and Midwifery Scholarship application.

#### Declaration

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Manager

I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In my role as (position title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Confirm that

1. I am the manager of the above-named applicant.
2. I have sighted, the above-named applicant’s Confirmation of Enrolment and Financial Statement or Tax Invoice and verify they are official documents.
3. The above-named applicant meets the eligibility requirements as outlined in the Tasmanian Nursing and Midwifery Scholarship Guidelines.
4. In supporting this Validation Statement, I confirm I have read the Tasmanian Nursing and Midwifery Scholarship Guidelines.

#### Declaration

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_