



APPENDIX 1

SA HEALTH NURSES AND MIDWIVES STUDY ASSISTANCE PROGRAM

Acknowledgment of Terms and Conditions

If I am successful in my application for study assistance,

I (print name) _____

of (address) _____

Acknowledge that I have read, understood and agree to be bound by the associated terms and conditions outlined in the **SA Health Nurses and Midwives Study Assistance Program Prospectus and Frequently Asked Questions**. Failure to abide by these conditions may result in my application being deemed invalid.

Applicant Signature: _____

Position Title: _____

Date: _____