



# EDUCATION TRAINING AND PROFESSIONAL DEVELOPMENT APPLICATION FORM

| 1 APPLICANT DETAILS   |                       |
|---|-----------------------|
| SURNAME: _____  | FIRST NAME: _____     |
| PAYROLL NUMBER: _____   | CLASSIFICATION: _____ |
| POSITION TITLE: _____   | UNIT: _____           |
| FACILITY / SERVICE: _____   |                       |
| 2 CONTACT DETAILS   |                       |
| WORK PHONE: _____   | OTHER PHONE: _____    |
| MAILING ADDRESS: _____  |                       |
| APPLICANT SIGNATURE: _____  | DATE: _____           |
| 3 PROPOSED CATEGORY OF FUNDING  |                       |
| <input type="checkbox"/> Certificate<br><input type="checkbox"/> Continuing Education Program<br><input type="checkbox"/> Conference/Seminar Attendance |                       |
| 4 PROPOSED DEVELOPMENT ACTIVITY   |                       |
| LOCATION: _____   |                       |
| DURATION: _____   |                       |
| MODE OF STUDY: (Internal, External, Distance Education, Flexible, Residential) _____  |                       |
| CERTIFICATE RECEIVED ON COMPLETION OF STUDY: _____  |                       |
| IF APPLYING FOR CONFERENCE/SEMINAR ATTENDANCE, INDICATE IF YOU ARE PRESENTING OR CO-PRESENTING AND YOUR PLAN TO DISSEMINATE INFORMATION GAINED          |                       |
|   |                       |
|   |                       |
| 5 PROPOSED BUDGET   |                       |
| Enrolment costs   |                       |
| Travel  |                       |
| Course materials  |                       |
| Accommodation   |                       |
| GST if applicable   |                       |
| <b>TOTAL</b>  |                       |
| 6 AMOUNT REQUESTED  |                       |
| Enrolment costs   |                       |
| Travel  |                       |
| Course materials  |                       |
| Accommodation   |                       |
| GST if applicable   |                       |
| <b>TOTAL</b>  |                       |



Partnering with community in the Moreton Bay Region

|  |                             |                         |
|--|-----------------------------|-------------------------|
| <b>7 PROPOSED COMMITMENT TO REDCLIFFE-CABOOLTURE HEALTH SERVICE DISTRICT</b>                                     |                             |                         |
|  |                             |                         |
|  |                             |                         |
|  |                             |                         |
|  |                             |                         |
| <b>8 REFEREES</b>  |                             |                         |
| REFEREE 1  | REFEREE 2                   |                         |
| <b>9 DECLARATION BY APPLICANT</b>  |                             |                         |
| I have read and understood the funding conditions attached to this grant and agree to abide by those conditions. |                             |                         |
| SIGNATURE: _____   |                             |                         |
| NAME: _____  |                             | DATE: _____             |
| <b>10 DETAILS OF APPLICANT'S LINE MANAGER/SUPERVISOR</b>   |                             |                         |
| LINE MANAGER/SUPERVISOR'S NAME: _____  |                             |                         |
| POSITION: _____  |                             | CONTACT NUMBER: _____   |
| <b>11 ENDORSEMENT BY APPLICANT'S EXECUTIVE MEMBER</b>  |                             |                         |
| SIGNATURE: _____   |                             | DATE: _____             |
| NAME: _____  |                             | DESIGNATION: _____      |
| <b>12 ENDORSEMENT BY EXECUTIVE DIRECTOR</b>  |                             |                         |
| SIGNATURE: _____   |                             | DATE: _____             |
| NAME: _____  |                             | ENDORSED / NOT ENDORSED |
| <b>13 FOUNDATION APPROVAL</b>  |                             |                         |
| SIGNATURE: _____   |                             | DATE: _____             |
| NAME: _____  |                             | DESIGNATION: _____      |
| AMOUNT AWARDED: _____  |                             |                         |
| <input type="checkbox"/> APPLICANT NOTIFIED  | DATE OF NOTIFICATION: _____ |                         |
| INVOICE PAYABLE TO: _____  |                             |                         |
| PAYMENT TYPE:    CHEQUE    ELECTRONIC FUNDS TRANSFER   | DATE: _____                 |                         |