

For Funding Assistance to Attend Conferences, Workshops and Seminars

Form Preview

Applicant Details

* indicates a required field

Applicant

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Primary Email *

Must be an email address.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Position at THHS

Service Group *

- Allied Health Service Division
- Health and Wellbeing Service Group
- Medical Service Group
- Mental Health Service Group
- Facilities Infrastructure & Support Services
- Surgical Service Group
- Corporate Services
- Rural Hospitals Service Group

Department *

Application Details

* indicates a required field

Application type

[Research Governance – Application for Research Funding and Funding Assistance: SERTA Monies](#)

I am applying for

- SERTA funding to support my attendance at conferences, workshops and seminars

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- SERTA funds to support a Visiting Speaker to present (in person or on-line) a professional development presentation /workshop /seminar / or similar event to an audience of multiple THHS staff members

Attach any evidence relevant to the request at end of the application

Have you previously received SERTA Funding Assistance to Attend Conferences, Workshops and Seminars ?

- Yes
 No

If answered yes to the previous question, please provide details such as date and amount.

Please note that one can apply for SERTA Funding Assistance to Attend Conferences, Workshops and Seminars once every 12 months

1. Details of conference / workshop / seminar for which funding is sought, including conference dates *

Word count:

Must be no more than 500 words.

Provide a short statement on how this will positively impact on service delivery in the Townsville HHS *

Word count:

Must be no more than 250 words.

Are you eligible to receive a professional development financial allowance under a certified agreement? *

- Yes
 No

This question relates to financial allowances, not professional development leave entitlements.

If Yes, has this financial year's Professional Development Entitlement Allowance allocation been partially/fully expended? (Staff are expected to fully expend their allowance before seeking SERTA funding)

- Yes
 No

NB. Staff are expected to expend other available professional development funding before applying for SERTA funds: for details check your respective EBs: <https://qheps.health.qld.gov.au/hr/policies-agreements-directives/awards-agreements> . Please upload proof of invoices for amount spent prior to this application.

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If answered 'no' to previous question, kindly explain the reason.

Professional Development financial allowance status/ expenditure for financial year

NB. Staff are expected to expend other available professional development funding before applying for SERTA funds: for details check your respective EBs: <https://qheps.health.qld.gov.au/hr/policies-agreements-directives/awards-agreements>

Please upload evidence of the Professional Development financial allowance you have spent in the financial year to date (e.g., receipts of payments made) at the end of the form

If yes, how much Professional Development financial allowance do you receive per annum under your certified agreement?

If yes, how much Professional Development financial allowance have you expended in the financial year?

	Please upload evidence of the Professional Development financial allowance you have spent in the financial year to date (e.g., receipts of payments made) at the end of the form. Acceptable expenses that you may count against your Professional Development financial allowance include: professional registration fees; professional development conference/course registration fees; travel costs to attend professional development activities. Must be a dollar amount.
\$	\$

Professional Development financial allowance status for financial year- Totals

Total amount of professional Development financial allowance eligible per annum under certified agreement?

\$

This number/amount is calculated.

Total amount expended until this this application

\$

This number/amount is calculated.

Please note that in some cases this can be higher than the eligible amount which you may have spent as an out of pocket expense.

Amount left to be spent in relation of the eligible professional development financial allowance per annum.

\$

This number/amount is calculated.

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Budget (for this application)

*SERTA monies will only cover conference registration fees. **SERTA monies cannot be applied for to cover accommodation and or travel expenses**

*Evidence of conference registration fee **MUST** be attached to application

*Maximum funding up to \$1,000 per application / financial year (funding is limited to one grant / financial year)

Type of Assistance	SERTA Moneys request	Contribution by the applicant	Contribution by Work Unit / other parties e.g. paid leave
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Registration fee, Leave		Must be a dollar amount.	
	\$	\$	

Budget Totals

Total Amount requested

\$

This number/amount is calculated.

Attach any evidence relevant to the request *

Attach a file:

A minimum of 1 file must be attached.

*Applications may also be made under the "Funding Assistance to Attend Conferences, Workshops and Seminars" category for SERTA funds to support a **Visiting Speaker** to present (in person or on-line) a professional development presentation /workshop /seminar / or similar event to an audience of multiple THHS staff members. **Applications for up to \$1,000 of SERTA funding will ordinarily be considered, with Service Groups/ Departments encouraged to co-contribute towards the costs of the activity, or seek funding support from alternative sources to assist in covering costs.***

Attach any evidence relevant to the request at end of the application

Presentation / workshop / seminar or event title;

Three or more dot points detailing the intended educational aims / outcomes of the activity;

The intended target audience, including an estimation of the number of THHS staff expected to attend;

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Speaker's short bio.

Are there any co-contributions from the Service Groups/Departments towards this activity

Budget

Costs for Flights, accomdation etc

\$

Please upload the quotes to the applciation	

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

SIGN-OFF

* indicates a required field

Terms and Conditions

These Terms and Conditions are mandatory and apply to an application for funding to attend conferences, workshops and seminars and special applications to use SERTA Moneys, irrespective of whether the funding is approved and/or paid.

By signing this Application, the Applicant/s (hereinafter referred to as the Applicant) acknowledge and agree that they have read and understood this Application, including these Terms and Conditions.

- 1.Funds must only be used to attend the conference, workshop, seminar, or other purpose approved by the Research Trust Fund Advisory Committee and in accordance with the timeline and for the purposes stated in the application and as approved by the Research Trust Fund Advisory Committee.

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2. Expenses paid by the Applicant will only be considered for reimbursement (if eligible) upon provision of supporting tax invoices to the THHS Research Education, Support and Administration Unit.
3. The Townsville HHS Research Education, Support and Administration Unit is responsible to manage and co-ordinate access to the funding.
4. If the Applicant requests a variation to the funding approved, the Applicant must apply to the Chair of the Research Trust Fund Advisory Committee. The Chair will consider whether there is merit in the request and if there is, and the variation is substantive, the Chair may submit the request to the Research Trust Fund Advisory Committee for assessment. If the request is not substantive, the Chair may elect to exercise their discretion under their delegated authority.
5. The Applicant is responsible to comply with all Government and Townsville HHS applicable financial and administrative prerequisites and procedures. This includes, but is not limited to, completion of any Application for Conference Leave Form (if applicable).
6. The Applicant must comply with all reasonable directions/instructions issued by the Research Education, Support and Administration Unit relating to the administrative prerequisites and procedures.
7. If at the end of the conference, workshop or seminar, or as part of any special application approved, the Applicant is holding any funding (or any part thereof), the Applicant must return the funding (or part thereof) to the Townsville HHS. If any funding is unspent, the Applicant is not entitled to apply this funding for any other purpose.
8. In the event that the Applicant fails to comply with these Terms and Conditions or in the event that Townsville HHS consider that any part of the Application is found to be incorrect, false or misleading, Townsville HHS may, by written notice to the Applicant cancel the approval of the funding and take such action as Townsville HHS consider appropriate. This may include repayment by the Applicant of any moneys paid on behalf of Townsville HHS as part of this Application.

By signing below, the Applicant has read the terms and conditions of this Application, and the Applicant agrees to abide by these, and other conditions attached to any approval given. The Applicant confirms that they have not received funding from the SERTA Moneys for conference / workshop / seminar attendance in the current financial year.

Applicant Name

Applicant Signature

Date

By signing below, I believe that this conference/workshop will be beneficial to both the individual and the unit and this application for financial assistance is supported by the relevant Townsville HHS department.

Service Group Director Name

Service Group Director Signature

Date

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Signature page upload *

Attach a file:

A minimum of 1 file and a maximum of 1 file may be attached.

Print the signature page and obtain relevant signatures and upload the file

Supporting Document

Attach a file:

attach any evidence relevant to the request