



TOOWOOMBA HOSPITAL FOUNDATION

EDUCATION, TRAINING, PROFESSIONAL DEVELOPMENT & CONFERENCE ATTENDANCE

APPLICATION FORM

The Toowoomba Hospital Foundation provides funding for the provision of equipment, staff education, training and professional development, health and medical research and scholarships.

When completing this Application please refer to the Guidelines for *Education, Training, Professional Development & Conference Attendance*.

Applicant Contact Details

Name:	
Position or Grade/Level:	
Employee ID Number:	
Workplace:	
Address:	
Phone:	
Email:	

Application Details

Tick the relevant category for funding:	<input type="checkbox"/> Conference or Seminar Attendance as <input type="checkbox"/> Participant <input type="checkbox"/> Presenter (please tick) or <input type="checkbox"/> Certificate or Continuing Education Program <i>*Please refer to the link:</i> https://qheps.health.qld.gov.au/darlingdowns/finance/revenue/travel-services
Provide details of Conference or Seminar attendance and attach details:	
Provide details of Certificate or Continuing Education Program:	
Provide details of Certificate or Credits on successful completion of proposed activity:	
<input type="checkbox"/>	I agree to provide proof of attendance to the Toowoomba Hospital Foundation

Please Note: If these questions are not answered, your Application will not be progressed.

1. Are any other funding options available to you (ie ROPP, SARAS, AO Training & Development)?
 Yes No

2. Have you applied for funding elsewhere? Yes No

 If yes, where have you applied: _____

 How much have you applied for: _____

 Were you successful in your application for other financial assistance? Yes No

3. Are you eligible for Professional Development Assistance under your Award/Certified Agreement with DDHHS? Yes No

4. If yes, how much do you receive \$_____

5. Have you used this allowance and if so for what purpose? Yes No
 (Please detail expenditure below of PDA including dates & amounts)

PLEASE NOTE: If travelling overseas please attach copy of required DG/Minister approval.

Costing

Actual Costs		Amount Requested	
Registration fee		Registration fee	
Travel – airfares, taxis		Travel – airfares, taxis	
Accommodation		Accommodation	
Course fees		Course fees	
Course materials		Course materials	
TOTAL		TOTAL	

Note: A maximum of \$2,000 will be granted per Application.

Applicant Declaration

I have read and understood the Guidelines for *Education, Training, Professional Development & Conference Attendance* and agree to abide by those conditions.

Name: Signature: Date:

Line Manager Declaration

This Education, Training, Professional Development or Conference Attendance is directly related to the current position held by the Applicant with the DDHHS.

Name: Signature: Date:

Relevant Member of Darling Downs Health Executive or relevant Hospital Service Manager	<input type="checkbox"/> Endorsed	Signed: Print Name:	Date:
	<input type="checkbox"/> Not Endorsed		

*** Approval Signature required prior to sending Application to Toowoomba Hospital Foundation**

Submission Contact Details

Toowoomba Hospital Foundation
PO Box 7646
TOOWOOMBA QLD 4350
Tel: (07) 4616 6166
Email: admin@toowoombahospitalfoundation.org.au
Website: www.toowoombahospitalfoundation.org.au

Office use only: Toowoomba Hospital Foundation staff

Date received:	Signature:
Board approved:	CEO approved:
Date approved:	Date completed: