

**Gold Coast Hospital and Health Service
SERTA – Research Grant
Head of Department – Application Support**

Dear Chair,

Title of Project _____

Applicant Name _____

Position _____

Division _____

Head of Department _____

I _____ (Head of Department) support the submission for this project to be undertaken at the Gold Coast Health and Hospital Service.

The project aligns with the Research Strategy for 2019 – 2022 and the applicant (name) _____ hold(s) a continuing appointment with the GCHHS for the duration of the project.

Signed _____

Date _____

Position _____

Name of Department _____

Division _____

This form will be submitted to the SERTA Committee for consideration.

Notes for applicant: - Please save this form as a PDF for Upload.

Any difficulties, please contact GCSERTA@health.qld.gov.au or call 5687 0663

This form may also be used as the letter of support for an HREC / SSA application