

Study Education & Research Trust Fund Manager Authorisation Form

Please ensure that this authorisation form is signed by your line Manager in support of this application. Once completed, upload into Smartygrants as part of the application process.

Applicant Details:

Surname _____

Given Names _____

Position _____ Discipline _____

Email Address _____

Application Purpose _____

Line Manager Authorisation:

Line Manger to validate that:-

- The activity requested in this application is consistent with the applicant's performance goals.
- The request aligns to the Strategic Goals of the GCHHS.
- Leave (if applicable) has been approved.
- The applicant receives a Professional Development Allowance (PDA) and the PDA form has been completed and signed. *(Note: PDA details not required for Journal Publication applications)*
- The applicant does not receive a Professional Development Allowance (PDA).

Applicant Name: _____ Signature: _____ Date: _____

Line Manager Name: _____ Signature: _____ Date: _____

Position: _____

General Manager or _____ Signature: _____ Date: _____
Clinical Director name:

Position: _____

Please note: The SERTA Committee gathers on the 2nd Wednesday of each month. All applications need to be submitted by the last day of the month prior to allow for eligibility checking and submission to the Committee for review. If you have any questions, please contact the Secretariat on GCSERTA@health.qld.gov.au.