

Study Education & Research Trust Fund Manager Authorisation Form

SERTA Further and Higher Education Grant

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 _____

Course of Study Proposed _____

Line Manager Authorisation:

Line Manger to validate that:-

- The intended course of study is relevant to the applicant's role and is consistent with their specific goals.
- The intended course of study will provide benefits to the applicant's discipline, work area and the HHS.
- The request aligns to the Strategic Goals of the GCHHS.
- Leave (if applicable) has been approved.
- The applicant receives a Professional Development Allowance (PDA)
- The applicant does not receive a Professional Development Allowance (PDA).
- I acknowledge that SERTA funding is conditional upon completion of the course of study for which funding is provided and that all requirements of the educational institution must be met.
- I acknowledge, as per the Funding Agreement in the EOI that funds awarded by SERTA can be recovered where it has been determined that the applicant has not completed or met the expected requirements of the educational institution.

Applicant Name: _____ Signature: _____ Date: _____

Line Manager Name: _____ Signature: _____ Date: _____

Position: _____

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

Position: _____

If you have any questions, please contact the SERTA coordinator on GCSERTA@health.qld.gov.au.