

Gold Coast Hospital Health Service Use of Professional Development Allowance (PDA)

Please note: All relevant sections must be complete and submitted with evidence. Incomplete forms will be returned to applicant.

Full Name: Position Title: Department: Pay Stream: Employment Status: Hrs/fortnight (if part time):

Have you utilised 100% of your PDA for the current financial year? Yes No N/A

Please provide details below of how you have used your PDA entitlement and provide evidence of same.

Purpose (inc Title if for Course/Conference)	Location	Date	Amount	Evidence Attached
Total PDA Expenditure YTD (B):				
PDA Annual Entitlement (A):				
The balance of your PDA shown above will be deducted from your SERTA application if approval is given				

Authorisation

I certify that the above details are true and correct and that all supporting evidence has been attached to support this information.

Applicant's Name: Applicant's Signature Date:

I certify that I am the Line Manager for this employee and that the above details and supporting evidence is correct.

Line Manager Name: Line Manager Signature: Date:

YOUR PRIVACY: Gold Coast Hospital and Health Service (GCHHS) is required to manage your personal information in accordance with the Information Privacy Act 2009 (QLD) and the Hospital and Health Boards Act 2011 (QLD). GCHHS is collecting your personal information for the purpose of distributing and tracking approved funding from the Study Education and Research Trust Account. Some of your personal information may be given to the financial officer in Clinical Governance Education and Research who require your information for the purpose of distributing funds being claimed. Your information may only be disclosed with your consent, or if authorised by law. For more information please ask for a copy of the GCHHS Privacy Plan.