

**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 [GrantsGoldCoast@health.qld.gov.au](mailto:GrantsGoldCoast@health.qld.gov.au) or call 5687 8310

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