

# Wishlist CEO Academic Scholarship Form Preview

## Wishlist CEOs Academic Scholarship \$5000

Prior to completing this application form please read the below information on Fringe Benefit Tax (FBT)

\* indicates a required field

### Fringe Benefits Tax (FBT)

**Fringe Benefits Tax (FBT) important information** *Please read this information carefully Under Commonwealth Taxation Law, a scholarship provided by a third party to an employee of Queensland Health is deemed an expense payment fringe benefit and may be subject to Fringe Benefits Tax (FBT). It is essential that employees eligible for the FBT Exemption Cap\* who are also participating in salary packaging arrangements consider the impact of the grossed-up taxable value (GUTV) of the scholarship. It is possible that this additional fringe benefit may result in a personal FBT liability. Please refer to the FBT Fact Sheet on QHEPS – FBT and [Self Education](#). Where an employee is undertaking a course that is not directly related to their current income earning activities, the self-education expenses will be FBT taxable, regardless of any other facts. Commonwealth Supported Courses (HECS) will always be reportable and subject to FBT The FBT Exemption Cap applies to the GUTV of non-salary sacrifice benefits, such as scholarships, prior to salary packaged benefits. Where the cap is exceeded, the FBT payable in relation to any salary packaged benefits will be recouped from the employee. It is strongly recommended that employees speak with their financial advisor about the FBT implications of receiving a scholarship and the possible need for an adjustment to their current salary packaging arrangements to avoid a personal FBT liability. \*The FBT Exemption Cap is a provision in the FBT legislation that provides a concession up to a GUTV of \$17,000. Queensland Health has determined which business areas are eligible for this concession. It is important to note that not all business areas are eligible.*

### Applicants Contact Details

**Applicants Name \***

First Name

Last Name

**Applicant's Position \***

**Address for Correspondence \***

Address

  

Suburb

State

Postcode

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Must be an Australian postcode.

## Applicant Primary Phone \*

Must be an Australian phone number.

## Applicant Primary Email \*

Must be an email address.

## Work unit and facility / service location \*

Organisation Name

Which unit and location eg. Emergency, Nambour Hospital

## Which classification / stream is applicable? \*

- Nursing  Allied Health  Medical  Pharmacy  Oral Health  Administration  
 Other

## Approval by Cost Centre Manager, Supervisor or Head of Division

\* indicates a required field

### PLEASE NOTE THIS SECTION MUST BE COMPLETED PRIOR TO SUBMITTING THIS APPLICATION

Applicants must attach the Cost Centre Manager, Supervisor or Head of Division approval form. This form is available [here](#).

## Approval Attachment \*

Attach a file:

## Academic Scholarship Details

\* indicates a required field

## Name of Education/ Study/ Professional Development for which assistance is sought? \*

## When does the Education/ Study/ Professional Development occur? \*

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Word count:

Must be no more than 200 words.

Outline examples of how this conference, workshop or seminar will enhance your departments values / priorities ?

**How is the Education/ Study/ Professional Development relevant to the organisation's values/priorities? \***

Word count:

Must be no more than 200 words.

Outline examples of how this Conference/Workshop/Seminar relates to your current position responsibilities

**How is the Education/ Study/ Professional Development related to your current position responsibilities? \***

Word count:

Must be no more than 200 words.

Outline details in dot points

**How will the Education/ Study/ Professional Development contribute to quality improvement? \***

Word count:

Must be no more than 200 words.

**How is the Education/ Study/ Professional Development relevant to your personal and career development? (PP&R)**

Word count:

Must be no more than 150 words.

**How will you disseminate information gained?**

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**Have you received study assistance before? \***

**Have you utilised all of your Professional Development (PDL)? \***

- Yes  
 No

Before accessing this funding you need to show that you are actively accessing your PDL for professional development in order to seek further funding

**If 'Yes' Could you please provide details of any PDL previously taken and what it was used for. If, 'No' what is the balance of your PDL allowance?**

Word count:

Must be no more than 150 words.

**If Wishlist agrees to fund your activity, how will you assist our charity to promote our fundraising efforts with your unit/team?**

**Have you or your team considered donating regularly to Wishlist through Payroll Giving?**

- Yes  
 No

**Would you like to hear more about the Payroll Giving program?**

- Yes  
 No

## Funding Amount Required

\* indicates a required field

**Have you sought other sources of funding? \***

**If you answered Yes above please provide details of funding source**

**Please attach any further information to support your application**

Attach a file:

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## Total Amount Required \*

\$

Must be a whole dollar amount (no cents).

## Payment Details

\* indicates a required field

Have you paid for this Education/  
Study/ Professional Development? \*  Yes  No

If 'Yes' please state how you would like to be reimbursed (Electronic Bank Transfer / Refund Credit Card). Receipts must be provided before funds will be made available.

If 'No' please provide payment details for Education/ Study/ Professional Development provider

Word count:

If you have already paid for the Education/ Study/ Professional Development please upload receipt of payment below.

Attach a file:

## Supporting Documentation

Please upload any supporting documentation relating to Education/ Study/ Professional Development

### Supporting documentation

Attach a file:

## Declaration

\* indicates a required field

By Signing this declaration;

- a) I acknowledge that I accept the funding offered by the Academic Scholarship Fund and I will adhere to the conditions of approval.
- b) The information provided in this application is accurate at the time of submission

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c) I have discussed this application with my Supervisor / Department Head / Head of Division and have reached agreement on issues impacting on my role / attendance at work (ie suitable leave has been negotiated).

d) I understand that the level of assistance offered will be determined by the selection panel in line with assessment of my application against the criteria set out in the Study Support Guidelines.

e) In the event of approval being gained I have arranged to access leave as per arrangements with my Supervisor / Department Head / Head of Division or will complete this study (please tick one where applicable):

\*

- In my own time
- By accessing leave with out pay (to be approved by appropriate officer)
- By accessing annual or long service leave (to be approved by appropriate officer)
- Other

**Please specify if 'other' was ticked**

The conditions of approval are:

a) A tax invoice and/or receipt detailing expenditure be forwarded to Wishlist

b) Funds are not to be used towards HECS contributions (or where HECS is liable), for courses being run as Organisational Development, hardware (ie computers) or to cover salary costs or backfill.

c) Claims for study materials (ie text books, stationery software etc) must be supported by indicating their relativity to the approval for funding (ie how they relate to the course approved).

d) Funds are not to be used for other than the approved purpose

e) If funds are not expended within three (3) months the funding must be returned to the Academic Staff Scholarship Fund, (either by returning the uncashed cheque or making reimbursement).

**I have read and understood the above Declaration and Conditions of Approval and hereby agree to be bound by these conditions.**

**By signing this application I confirm I have approval from my Cost Centre Manager, Supervisor or Head of Division to apply for this Academic Staff Scholarship Funding**

**Applicant Print Name \***

**Date of Declaration \***

Must be a date.

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