

Conference, Workshop or Seminar Form Preview

Contact Details

* indicates a required field

Applicants Name *

First Name

Last Name

Applicants Position *

Address for Correspondence *

Address

Suburb State Postcode

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

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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 on our website. [Click here to download the form from the Wishlist website.](#)

Approval Attachment *

Attach a file:

Conference, Workshop or Seminar Details

* indicates a required field

Name of Conference, Workshop or Seminar *

How is the Conference, Workshop or Seminar relevant to your organisations values / priorities? *

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 Conference, Workshop or Seminar related to your current position responsibilities? *

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 Conference, Workshop or Seminar relevant to your personal and career development? (PP&R) *

Word count:

Must be no more than 200 words.

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Outline details in dot points

How will you communicate the information gained at the Conference, Workshop or Seminar? *

Word count:

Must be no more than 200 words.

Are you presenting a paper / poster presentation? (conferences only) *

- Yes
 No

If 'yes', please provide the title and outline / abstract of the presentation

Word count:

Must be no more than 150 words.

Have you received study assistance before? *

Have you accessed your Professional Development? *

If 'Yes' when was that assistance granted; and for what purpose? Please provide examples of how you have communicated or applied this information within work practices?

Word count:

Must be no more than 150 words.

Will your Conference, Workshop or Seminar take place at the Sunshine Coast Health Institute (SCHI)?

- Yes
 No

If not, did you know you can host medical-related Conferences, Workshops or Seminars at SCHI which can help raise funds for Wishlist? Find out more [HERE](#)

Funding Amount Required

* indicates a required field

Conference, Workshop or Seminar

Form Preview

Please note funding is approved **ONLY** for the Conference component of the Conference, Workshop or Seminar you are attending. Travel and accommodation are not funded.

Have you sought other sources of funding? *

What type of support are you seeking? *

Conference Workshop Seminar Other (attach proposal/details)

Please attach any further information or brochures regarding the conference, workshop or seminar (if applicable).

Attach a file:

Total Amount Required *

\$

Must be a whole dollar amount (no cents).

Payment Details

* indicates a required field

Have you paid for this Conference / Workshop / Seminar *

Yes No

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

If 'No' please provide payment details for Conference, Workshop or Seminar provider

Word count:

If you have already paid for Conference, Workshop or Seminar please upload the receipt of payment.

Attach a file:

Supporting Documentation

Please upload any supporting documentation relating to Conference, Workshop or Seminar

Supporting documentation

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Attach a file:

Declaration

* indicates a required field

By Signing this declaration;

- a) I acknowledge that I accept the funding offered by the Staff 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
- 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), or 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 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.

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

Applicant Print Name *

Date of Declaration *

Must be a date.