

## Important Information

\* indicates a required field

### About SERTA

The Study, Education and Research Trust Account (SERTA) enables Gold Coast Health staff to engage in research, education and professional development activities that will improve their ability to deliver optimal health care to the Gold Coast community.

The SERTA Committee is responsible for overseeing the delivery of the SERTA Business Plan which incorporates funding opportunities for staff to engage in research, education, and professional development. The scheme is managed through the Office for Research Governance and Development (ORGD) within Gold Coast Health. The SERTA Committee is administered as per the Health Service Directive: Private Practice in the Queensland Public Sector and reports to the Gold Coast Health Private Practice Governance Committee.

Please ensure you have read the [Guidelines](#) before commencing this application. The document will outline and clarify the application process and the financial aspects related to SERTA funding, including travel, accommodation, professional development allowances, allowable reimbursements, and how to claim your approved SERTA funding.

### Eligibility

**Please ensure you meet all of the eligibility criteria before proceeding with this application. \***

- ☐ Applicant holds a Gold Coast Health appointment which is at least 0.2 FTE, with either a permanent appointment, or held a temporary appointment > 12 months at the time of the event.
  - ☐ Approval has been obtained from the line manager based on the importance of the activity to the work area. Confirmation has been provided by the line manager that no alternate access to funding is available for the proposed activity.
  - ☐ Applicant has not had a successful application in this category in the current financial year.
  - ☐ Applicant does not have any outstanding reporting obligations for prior SERTA funded activities.
  - ☐ Meets eligibility based on Professional Development Allowance balances (if applicable)
- At least 5 choices must be selected.

### Templates and Links

Please download the relevant templates for completion and upload to your application form.

- [Professional Development Allowance](#) (PDA) form
- [Authorisation Form](#) (to be signed by Line Manager)
- [Travel Hub](#) form (for those eligible to claim travel and accommodation)
- [Overseas Travel and Ministerial Approval](#) form (for those attending overseas events)

*Please Note:* The SERTA Committee gathers on the **third** Wednesday of each month to approve funding requests. Applications must be submitted **two** weeks prior for consideration at the meeting. Retrospective applications will not be considered.

# SERTA - Conference Attendance and Education Programs\_05

## Form Preview

Enquiries: [GCSERTA@health.qld.gov.au](mailto:GCSERTA@health.qld.gov.au) or 5687 0663

### Applicant Details

\* indicates a required field

<b>* Title</b>	<b>First Name</b>	<b>Last Name</b>	<b>Applicant's Landline Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Position: *</b>			<b>Applicant's Mobile Number</b>
<input type="text"/>			<input type="text"/>
<b>Department *</b>			<b>Applicant's Primary Email: *</b>
<input type="text"/>			<input type="text"/>
<b>Division *</b>			Provide a GCH email address that is frequently accessed.
<input type="text"/>			

#### GCH Payroll ID \*

6 digits

#### Full Time Equivalent \*

Must be a number.

Employed time per fortnight e.g. 0.2

#### Employment Status

- ☐ Permanent  
☐ Temporary

#### End of Contract \*

Must be a date.

#### If applicable, please provide details of academic partner university appointments

\*

If N/A please complete with N/A

# SERTA - Conference Attendance and Education Programs\_05

## Form Preview

### What is your professional discipline? \*

- ☐ Administration  
☐ Medical

- ☐ Allied Health  
☐ Professional

- ☐ Operational  
☐ Other:

- ☐ Nursing

Paystream e.g. NG PO AO

## Category Request

\* indicates a required field

### This application is for which of the following \*

- ☐ Conference (where the applicant is presenting)  
☐ Education Program

Each application is for one event

## Details of presentation

### Name of Conference

### Location

### Event Commencement Date

Must be a date.

### Event End Date

Must be a date.

### Title of Poster or Paper you will be presenting

### Upload the Conference Flyer which provides evidence of costs

Attach a file:

### Evidence of invitation to present

Attach a file:

A maximum of 1 file may be attached.

Provide copy of email or letter confirming your presentation

# SERTA - Conference Attendance and Education Programs\_05

## Form Preview

**Upload a copy of the paper you will be presenting.**

Attach a file:

**If you are seeking travel and accommodation costs please upload 'Travel Hub' booking form**

Attach a file:

A maximum of 4 files may be attached.

**Is this event overseas?**

- ☐ Yes  
☐ No

Details for an Overseas event

**Any overseas professional development approved by SERTA must receive Ministerial approval before funding can be claimed. This is a requirement even if you are not claiming travel expenses.**

**Complete the overseas travel [approval form](#) and forward to [GCESOCEO@health.qld.gov.au](mailto:GCESOCEO@health.qld.gov.au). A copy is to be uploaded with this application.**

**Note: The travel application needs to be submitted a minimum 8 weeks before the event for the Minister to consider and is separate to this application.**

**Completed overseas travel approval form \***

Attach a file:

Upload the completed ministerial form as submitted

Details of Education Program

**Name of the Education Program**

**Where will the program be conducted**

**Program / Course Commencement Date**

Must be a date.

**Program / Course Completion Date**

Must be a date.

# SERTA - Conference Attendance and Education Programs\_05

## Form Preview

**Upload a copy of the Education Program flyer which includes evidence of costs.**

Attach a file:

## Supporting Information

\* indicates a required field

### Summary

**Provide a brief summary outlining your request which demonstrates the benefit and alignment to the [Gold Coast Hospital and Health Service Strategic Plan 2020-2024](#).**

#### Summary \*

Must be no more than 500 words.

Include details of your contribution / involvement and expectations of attending this event.

### Professional Development Allowance (PDA)

#### Do you receive PDA? \*

- ☐ No  
☐ Yes

#### PDA (applicable)

**If you receive a Professional Development Allowance (PDA) you will be required to complete a (PDA) form.**

**Evidence needs to include annual allowance, YTD expenditure, events attended and copies of all receipts supporting expenditure.**

*Please Note: Any unused PDA will be deducted from the requested amount.*

#### PDA upload \*

Attach a file:

#### PDA (not applicable)

Please ensure you have noted on the Manager Authorisation form that you do not receive a PDA allowance.

## Funding requirements

# SERTA - Conference Attendance and Education Programs\_05

## Form Preview

\* indicates a required field

### Details

Description	\$
Registration Fee   Course Fee	
Accommodation	
Flights	
Other	
Please note: accommodation and flights are considered only if the applicant is presenting. Enter 0 where not applicable	

### Budget Totals

#### Total Expenditure Amount

\$

This number/amount is calculated.

**Have you received funding from SERTA in this or any other category in the past 12 months? \***

- ☐ Yes  
☐ No

Provide details of previous funding

#### SERTA Reference \*

#### Title of event / activity \*

#### Date \*

Must be a date.

#### Report submitted \*

- ☐ Yes  
☐ No

#### Amount Claimed \*

\$

Must be a dollar amount.

To add details of further previous funding - click Add More.

*Please Note:* All funding approved by SERTA must be claimed within the calendar year funding was approved or claims will be considered as "not required"

### Authorisation

\* indicates a required field

**The applicant must have approval for leave to participate in the activity. The authorisation form must be signed by the Line Manager endorsing that the activity is consistent with performance goals, leave has been approved and PDA details (where applicable) are correct, and that no alternate source of funding is available to the applicant.**

#### **Upload signed approval form \***

Attach a file:

### Submitting your form

Once you have completed the form, select '**preview**' to ensure that all relevant questions have been answered and all required documents have been uploaded. When you are satisfied that all requirements have been met, select '**submit**'.

Once you have submitted your form, you will be unable to make any further changes. Should you have any questions regarding your submission, please call 5687 0663 or email [GCSERTA@health.qld.gov.au](mailto:GCSERTA@health.qld.gov.au)