

SERTA - Conference Presentation Attendance

Form Preview

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 funding opportunities for staff to engage in research, education, and professional development. The scheme is managed through the Research office 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 Executive Research Committee and 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.

This application is for which of the following *

- ☐ Conference (within Australia) where the applicant is presenting
- ☐ Conference (overseas) where the applicant is presenting

Each application is for one event

Choosing the Right Conference

Whilst attending a conference can be a valuable opportunity to learn new skills, showcase your work widely, discover new industry trends and network with peers, not all conferences are created equal.

Before progressing with your application, we ask that you consider and evaluate the quality of the conference you wish to attend in line with advancement of personal skills, showcasing your work, value to your work area and to Gold Coast Hospital and Health Service.

For academic conferences please refer to the Gold Coast Health Libguide page '[Conferences - How To Choose](#)' and [Think, Check, Attend](#) link to complete the conference evaluation checklist. You will be required to upload a copy of the completed checklist.

Please select the type of conference relevant to this application. *

- ☐ Academic Conference
- ☐ Professional Conference

Academic Conference

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Please select from the following options. *

- ☐ I have completed the Think, Check, Attend evaluation and I am confident in the quality of the conference and the reputation of the organisers and editors.
- ☐ I have completed the Think, Check, Attend evaluation but the conference did not meet all of the checklist criteria.

Does the conference offer a Virtual attendance/presentation option? *

- ☐ Yes
- ☐ No

Note: If the conference does not meet all checklist criteria, you will be able to describe why this conference is important in the next question.

Please upload a copy of the completed Think, Check, Attend evaluation. *

Attach a file:

Professional Conference

Have you attended or been made aware of this conference previously and confident that the event is the optimum setting to showcase your work to a wider audience. *

- ☐ Yes
- ☐ No

Does the conference have a website and are the organisers a reputable body? *

- ☐ Yes
- ☐ No

Does the conference agenda, including speakers, and attendees, align with your goals and the strategic goals of the Gold Coast Hospital and Health Service? *

- ☐ Yes
- ☐ No

Does the conference offer a Virtual attendance/presentation option? *

- ☐ Yes
- ☐ No

Note: If the conference does not meet all checklist criteria, you will be able to describe why this conference is important in the next question.

If the requested conference does not meet all checklist criteria, please describe your reasons for choosing this conference.

Word count:

Why is it important for you to present your work. *

Word count:

Must be no more than 500 words.

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Please upload a copy of the conference flyer which identifies the conference website, organising body, fees etc. *

Attach a file:

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 of over 12 months and a current contract over the duration of the event.
 - ☐ Applicant has approval from the Line Manager based on the importance of the activity to the work area and benefit to the HHS.
 - ☐ Applicant has confirmation 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 past 12 months (based on the date of any previously approved application))
 - ☐ 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 6 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.

Enquiries: GCSERTA@health.qld.gov.au or 5687 0663

Applicant Details

* indicates a required field

* Title	First Name	Last Name	Applicant's Landline Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Mobile Number			

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Position: *

Department *

Applicant's Primary Email: *

Provide a GCH email address that is frequently accessed.

Division *

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

What is your professional discipline? *

- ☐ Administration ☐ Allied Health
☐ Medical ☐ Professional

- ☐ Operational
☐ Other:

☐ Nursing

Paystream e.g. NG PO AO

Category Request

* indicates a required field

Details of presentation

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Name of Conference *

Location *

Event Commencement Date *

Must be a date.

Event End Date *

Must be a date.

Title of Paper you will be presenting *

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

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 with dates and estimated costs.

Attach a file:

A maximum of 4 files may be attached.

Details for an Overseas event

Any overseas professional development approved by SERTA must receive Ministerial or DG 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 GCESCEO@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 planned travel for the Minister to consider and is separate to this application.

Completed overseas travel application or Approved request *

Attach a file:

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Upload the completed ministerial form as submitted

Supporting Information

* indicates a required field

Summary

Provide a brief summary outlining your request which demonstrates:

- alignment to the [Gold Coast Hospital and Health Service Strategic Plan 2024-2028 \(G28\)](#)
- what you expect to bring back from the conference.
- the wider impact of your conference presentation.
- value to the work area and Gold Coast Hospital and Health Service.

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. [\(PDA\) 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.

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Funding requirements

* indicates a required field

Details

Description	\$
Conference Registration Fee	
Accommodation	
Flights	
Other	

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Have you received funding from SERTA in this category in the past 12 months or have you received other Grant funding where the budget includes an allowance for dissemination costs? *

- ☐ Yes
☐ No

Provide details of previous funding

SERTA or Grant Reference ID. *

Title of SERTA funded event / activity *

Date *

Must be a date.

Report submitted *

- ☐ Yes
☐ No

Amount Claimed *

\$

Must be a dollar amount.

Please provide details of other Grant Funding related to the project you will be presenting (if applicable).

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

Please Note: All funding approved by SERTA in this category must be claimed within 12 months from time of approval unless otherwise agreed.

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 Manager 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