Application for Internal Grant

Staff Scholarship Funding

Please review the Toowoomba Hospital Foundation (THF) Guidelines for Internal Grants prior to the completion of this form. Indicate choices by putting an X in the boxes provided.

PART A – Complete digitally. Email with your application.

Eligibility Check

Please complete the below in relation eligibility for grant funding

1. Nature of Employment

☐ Permanent employee ☐ Temporary employee

If temporary, please provide details of the nature of the temporary status, e.g. length of employment:

_____

2. Qualification Details

☐ Vocational Education and Training (VET) Sector

☐ Higher Education Sector (including undergraduate and postgraduate degrees)

3. Have you previously received THF Scholarship Funding?

☐ Yes ☐ No If yes, please provide the date of scholarship and amount of funding: _____

4. Medical Officers employed by Darling Downs Health (DDH) are ineligible to apply for a scholarship

Please note: Line Manager support is required to submit an Internal Grants Application. Discussion should be held with the relevant Line Manager and their support obtained prior to progressing an application.

Applicant Details

Please provide the following details

Applicant Name: _____

Applicant Position: _____

Work Area/ Department: _____

Location of Work: _____

Contact Details: _____

Phone: _____ Email: _____

Details Regarding Access to Funding

Are you eligible for a Professional Development Allowance (PDA) under your Award/Certified Agreement with Darling Downs Health (DDH)?

☐ Yes ☐ No If yes, what is the value of this entitlement $ _____

Have you used this allowance and if so for what purpose? *(Please detail expenditure below of PDA including dates & amounts)*

Details	Date	Amount

Are there any other funding options available to you to support your study (i.e. Right to Private Practice, SARAS, AO Training & Development)?

☐ Yes ☐ No If yes, what is the source of funding? _____

Have you applied for funding elsewhere?

☐ Yes ☐ No

If yes, where have you applied? _____

What value have you applied for? _____

Were you successful in your application for other financial assistance?

☐ Yes ☐ No

Details of Education/Study

Please explain the nature of the study in non-technical language to ensure reviewers understand what type of study is being undertaken.

Provide details of the education or study being undertaken including the title of degree or certificate, progress of study to date including academic progress, expected timeframes for completion, how the study is relevant to your position or career goals. (300 words maximum)

Alignment with Darling Downs Health Strategic Plan

Provide details of how your study aligns with DDH strategic priorities. (150 words maximum)

Positive Impacts and Benefits

Provide details of how receiving support in relation to your studies will have a positive impact for DDH service delivery. This could include information regarding impacts for a particular patient group or service area, the impact of your learnings on the delivery of patient care, any benefits to other staff or the broader workforce. (150 words maximum)

Costs and Budget

Provide a budget outline which details the expenses the scholarship will pay for. Include the amount requested and total costs and any other relevant information. (100 words maximum)

Actual costs	
Course costs	
TOTAL	

Amount requested	
Course costs	
TOTAL	

Toowoomba Hospital Foundation Acknowledgement and Promotional Activities

Agreement to participate in THF promotional activities related to grant funding

If successful in obtaining a scholarship the applicant agrees to engaging in relevant acknowledgement and recognition that the funding was made possible through the Toowoomba Hospital Foundation. This may include participation in photos, events and other acknowledgements.

☐ Yes ☐ No

PART B – Print and collect required signatures. Scan and email with your application.

Application Signatures

Applicant

Name: _____ Signature: _____

Line Manager

Name: _____ Signature: _____

Divisional Executive Director

Name: _____ Signature: _____

Submission Details

Please ensure you include evidence of your enrolment with your submission.

Your application should be submitted to the Toowoomba Hospital Foundation via email at: impact@toowoombahospitalfoundation.org.au

Further information including the Internal Grants Process Guidelines can be found at: toowoombahospitalfoundation.org.au/darling-downs-health-staff-hub

DDH Approvals

DDH Financial Controller

Name: _____ Signature: _____

DDH Health Service Chief Executive

Name: _____ Signature: _____

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