



**Privacy disclaimer:** Cunningham Centre is collecting this information in accordance with the *National Vocational Education and Training Regulator Act 2011* in order to meet your needs as a client and ensure accurate records are maintained for accreditation purposes. Some of this information may be given to an external agency for the purpose of meeting contractual reporting arrangements. Your information will not be given to any other person or organisation unless authorised or required by law.

### Administrative Officers' Employee Training and Development Education Incentive Fund

Please note there is a set allocation for Department of Health and each Hospital and Health Service (HHS). Submission of this application form does not guarantee fund allocation.

#### Applicant details

First name	<input type="text"/>	Last name	<input type="text"/>
Employee ID	<input type="text"/>	Substantive classification	<input type="text"/>
Employment status <sup>^</sup>	Permanent	Temporary	<small><sup>^</sup>Temporary AO2 – AO5 employees may apply if they have more than 12 months continuous employment. A letter from Human Resources or Payroll confirming 12 months continuous employment must be supplied at time of application.</small>
Position title	<input type="text"/>	Unit/facility	<input type="text"/>
Hospital and Health Service/Department of Health	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Work email address	<input type="text"/>		

By submitting this application form, I acknowledge I have read the [AO Fund guide](#).

Signature	<input type="text"/>	Date	<input type="text"/>
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#### Proposed course details

Course name	<input type="text"/>			
Course code	<input type="text"/>			
Qualification level	Certificate II	Certificate III	Certificate IV	Diploma
Training provider	<input type="text"/>			
RTO code	<input type="text"/>			
Course duration	<input type="text"/>	Commencement date	<input type="text"/>	
Have you completed this course?	Yes	No	Course cost	<input type="text"/>

#### Line manager details

Name	<input type="text"/>		
Position title	<input type="text"/>		
Work email address	<input type="text"/>	Telephone	<input type="text"/>

I confirm:

- I have discussed learning interests and availability to complete studies with the applicant.
- The course has been identified as part of the applicant's current/future performance development agreement.

Signature	<input type="text"/>	Date	<input type="text"/>
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#### Completed forms and enquiries

Please submit completed forms to [EB\\_Training@health.qld.gov.au](mailto:EB_Training@health.qld.gov.au)

All signatures must be provided prior to submission. Incomplete forms will delay processing.

Please direct any queries to Program Officer, Cunningham Centre at [EB\\_Training@health.qld.gov.au](mailto:EB_Training@health.qld.gov.au).

Further information is available at: <https://www.health.qld.gov.au/cunninghamcentre/funding/admin-officers>

**Please note: Learning and Development/HR units will be advised of successful applicants within their HHS/Division.**