

**QUEENSLAND HEALTH COMMUNITY REHABILITATION POSTGRADUATE  
SCHOLARSHIP SCHEME**

**END OF SEMESTER PROGRESS REPORT – SEMESTER 1, 2006**

<b>APPLICANT DETAILS</b>	
Preferred title:	First Name: Last Name:
Home Address:	
	Postcode:
Telephone (H or mobile):	Telephone (W):
Fax:	Email:
<b>Have your work circumstances changed?</b>	
<input type="checkbox"/> No, then go to next section	<input type="checkbox"/> Yes, please complete the details below
New Position Title: <i>(Please attach a position description or description of private practice)</i>	Classification/Profession and Level:
Team/Unit:	District/Area:
Work Address:	
	Postcode:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent
<input type="checkbox"/> Part-time, Number of hours per week _____	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Casual
<b>Has your study programme changed?</b>	
<input type="checkbox"/> No, then go to next section	<input type="checkbox"/> Yes, please complete the details below
Please briefly describe change and attach letter with details (eg reasons for change or deferment; new course or programme details)	
Name of Subjects Proposed for Subsidy/Scholarship and Semester of Study (up to three years part-time study): (Please add Summer Semesters if applicable)	
<b>Semester 2, 2006</b>	
<b>Semester 1, 2007</b>	
<b>Semester 2, 2007</b>	
<b>Semester 1, 2008</b>	
<b>Semester 2, 2008</b>	
<b>Semester 1, 2009</b>	
<b>Has the cost of your university fees changed?</b>	
<input type="checkbox"/> No, then go to next section	<input type="checkbox"/> Yes, please complete the details below:
	New University Fee <u>per Subject</u> :

<b>University Results</b> (Please indicate subject and grade, please also attach a copy of university documentation)	
<b>Semester 1, 2006</b>	
<b>TRAVEL SUBSIDY: Is travel Required in Semester 2, 2006?</b>	
<input type="checkbox"/> No, then go to next section	<input type="checkbox"/> Yes, please complete the details below to ensure that funds are provided
<b>Travel must be mandatory for the subject and greater than 200kms from your residence. Please attach evidence that the travel is mandatory eg university subject outline stating dates of residential.</b>	
<b>Method of Travel</b>	
Air <input type="checkbox"/> Road <input type="checkbox"/> Car Hire <input type="checkbox"/> Bus <input type="checkbox"/> Rail <input type="checkbox"/>	
<i>Please use the Queensland Government guidelines to estimate cost of travel.</i>	
Origin and destination for travel:	Approximate Cost:
Number nights accommodation and location:	Approximate Cost:
Number of breakfasts:	Approximate Cost:
Number of lunches:	Approximate Cost:
Number of dinners:	Approximate Cost:
Incidentals:	Approximate Cost:
<b>TOTAL COST:</b>	

### ALL SCHOLARSHIP HOLDERS TO COMPLETE

<b>DECLARATION:</b>	
<b>I agree that:</b>	
<input type="checkbox"/> All information contained in this form is complete and correct.	
<input type="checkbox"/> Universities will use their own internal processes to prioritise students for acceptance into programmes.	
<input type="checkbox"/> I will meet the costs of Student Guild Fees.	
<input type="checkbox"/> I will be required to commit my own time in completing the requirements of the postgraduate study.	
<input type="checkbox"/> De-identified outcomes of the Scheme will be made available for dissemination at a State / National level.	
<input type="checkbox"/> I will participate in any evaluation activities regarding the effectiveness or outcomes of the Scheme.	
<input type="checkbox"/> I must maintain my employment status in order to remain eligible.	
<input type="checkbox"/> Queensland Health retains the right to discontinue financial support to me at its sole discretion at any time during the term of this agreement. If this occurs reasons will be provided for discontinuation.	
<input type="checkbox"/> If I withdraw from the programme I will keep the Executive Sponsor informed of reasons why, and where reasonable, negotiate an extended timeframe to complete the programme.	
<input type="checkbox"/> I will reimburse Queensland Health for any subsidy/scholarship funds that I receive if I do not successfully complete a subject or if I change my employment status.	
<b>Date:</b>	<b>Signature:</b>

### For all enquiries and to return the form please contact:

Angela Wood  
Senior Project Officer  
Community Rehabilitation Workforce Project  
PO Box 6053  
BURANDA QLD 4102  
PH: 3406 2391

EMAIL: [angela\\_wood@health.qld.gov.au](mailto:angela_wood@health.qld.gov.au)