2024 Mental Health Scholarship Scheme claim form

New process Please **complete, print, sign and scan this form**, and email along with a **copy of your results** and your **evidence of expenses** (tax invoice or payment deferment [HECS statement]) to: mhscholarships@health.qld.gov.au

Personal details			
Last name:		**First name:**	
Position:		**Employee ID:**	00
Health service:			E.g. Metro North, Central West etc.
Home address:			
Personal mobile:		**Work phone:**	
Personal email:		**Work email:**	

Course details			
Educational institution:		**Full title of course:**	
Course code:		**Campus:**	

Semester/ Trimester	Subject code	Subject title	Result

Claim for payment			
Fees paid/deferred	**Scholarship amount**	**Fees paid/deferred**	**Scholarship amount**
Census date: 15 January 2024.		**Total amount claimed**	$

Applicant statement: I declare the above expenses incurred by me were 100% applicable for business (Australian taxation requirement). I certify I paid the amount claimed above and **have not received** reimbursement from **any other source**. Should I be granted any refund after receiving departmental payment, I undertake to advise the Mental Health Scholarship Coordinator, Queensland Centre for Mental Health Learning accordingly.

Signature of applicant
(Please print to sign)

Date

Office use only -							
Certification - Mental Health Scholarship Coordinator							
Evidence of results provided	Yes		No		Payment approved	Yes	No
Evidence of expenses provided	Yes		No		Amount	$	
Name:	Sue Thornes			**Position:**	Business Officer		
Signature:				**Date:**			
Certification - Expenditure Approval Officer							
Cost centre for debit - Queensland Centre for Mental Health Learning				**3400061**			
General ledger account code				**512150**			
Internal order number				**20000003**			
Name:			**Position:**			**Date**	
Signature:				**Approved amount:**		$	