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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^	<input type="radio"/> Permanent	<input type="radio"/> Temporary	<small>^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 Date

Proposed course details

Course name	<input type="text"/>			
Course code	<input type="text"/>			
Qualification level	<input type="radio"/> Certificate II	<input type="radio"/> Certificate III	<input type="radio"/> Certificate IV	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> 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 Date

Completed forms and enquiries

Please submit completed forms to 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.

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.