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Clinical Assistants' 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="text"/> Permanent <input type="text"/> Temporary	[^] Temporary CA2 – CA5 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.	
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 [CA Fund guide](#).

Signature Date

Proposed course details

Course name	<input type="text"/>		
Course code	<input type="text"/>		
Qualification level	<input type="text"/> Certificate III <input type="text"/> Certificate IV		
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="text"/> Yes <input type="text"/> 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/clinical-assistants>

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