

Scholarship Stream

* indicates a required field

Which scholarship program are you applying for? *

- ☐ Nursing and Midwifery Scholarship

Terms and Conditions

Nursing and Midwifery Scholarship

[For entire Nursing and Midwifery Terms and Conditions click here](#)

- Must be Registered Nurse / Registered Midwife / Enrolled Nurse / Assistant in Nursing within GCH and an Australian resident
- Study is relevant to area of current work
- Have not previously received a scholarship for this particular course including course fees via SARAS funding
- Completion of a Post Registration Program of Study, Graduate Certificate, Graduate Diploma, Masters or PhD between 1 January 2026 and 1 December 2027. Staff who receive advanced standing from universities towards their course including the completion of a QH Transition Support Program are eligible.
- Documentation of completion (certified copies of transcript and award) to attain the academic qualification are to be submitted with the application if available at time of submission. If not available at time of submission, it will be required before the funds will be released.
- The payment or reimbursement of education expenses by Gold Coast Hospital Foundation may give rise to a fringe benefit that is subject to Fringe Benefits Tax (FBT). Employees must access and understand Queensland Health information on FBT implications. Specifically, employees eligible for the public hospitals FBT exemption cap (\$17,000 GUTV) and choosing to salary packaging, need to be aware that non-salary packaged fringe benefits, such as FBT taxable education expenses, have first priority in applying the cap and will impact the amount an employee may salary package without incurring a personal cost for the FBT liability. Accordingly, employees are strongly recommended to seek appropriate financial advice and to speak directly with their salary packaging provider to determine if an adjustment will be required to their personal salary packaging arrangements. For further assistance, see Taxation Service QHEPS page.
- Applications must be approved and supported by your Director of Nursing or Nursing Director.
- Applicants must be in attendance for the Nursing Oration on Wednesday 2nd of December 2026 as this is where the Scholarship Recipients will be announced.

I have read and understand the Terms and Conditions *

- ☐ Yes
☐ No

Applicant Details

* indicates a required field

Contact Details

Name *

First Name

Last Name

GCHHS ID No. *

Position *

Facility *

Unit *

Department *

Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Phone

Must be an Australian phone number.

Email *

Must be an email address.

Mobile Phone *

Must be an Australian phone number.

AHPRA Registration / Program of Study Details

* indicates a required field

Program of study

Program of study title *

Course provider *

(eg. name of university)

Course code *

Enrolment date *

Must be a date.

Completion date or anticipated completion date *

Must be a date.

Course cost or amount requested to be funded *

Must be a dollar amount.

Previous post registration education

Program Title

Year

Course Description

* indicates a required field

Course description

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Form Preview

Please describe the education course and the key new skills you will learn *

Word count:

Must be no more than 50 words.

Please use simple, non-scientific language.

Does this education help you address any of the following?

- ☐ Cause of disease
- ☐ Treatment of illness or disease
- ☐ Clinical improvement
- ☐ Care setting improvement
- ☐ Cure of illness or disease

You can select more than one or leave blank if not applicable.

Selection Criteria

* indicates a required field

How does this study apply to your service delivery area? *

Word count:

Must be no more than 200 words.

Use simple, non-scientific language.

How will you share and implement your new knowledge? *

Word count:

Must be no more than 200 words. Use simple, non-scientific language.

How does this postgraduate/post registration study have the potential to improve patient health outcomes? *

Word count:

Must be no more than 150 words.

Use simple, non-scientific language.

How does this postgraduate study have the potential to improve your role e.g. processes, systems, interactions. *

Word count:

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Form Preview

Must be no more than 150 words.
Use simple, non-scientific language.

Beneficiaries

Estimated number of patients per year who will benefit: *

- ☐ < 1000
- ☐ 1001 - 5000
- ☐ 5001 - 10000
- ☐ 10001 - 25000
- ☐ 25001 - 50000
- ☐ 50001 +

What age group(s) are cared for in the area you work. *

- ☐ Infants and Toddlers
- ☐ Children (3 - 9 years)
- ☐ Preteens (10 - 12 years)
- ☐ Adolescents (13 - 18 years)
- ☐ Young Adults (19 - 25 years)
- ☐ Adults (26 years +)
- ☐ Seniors (65 years +)

Please tick all relevant boxes

Gold Coast Hospital Foundation

Are you willing to be contacted by and support the Gold Coast Hospital Foundation in promotional and engagement activities such as: videos / speaking / other promotions and volunteering at events *

- ☐ Yes
- ☐ No

Are you signed up for Workplace Giving *

- ☐ Yes
- ☐ No
- ☐ Please contact me, I want to sign up

Acknowledging the Gold Coast Hospital Foundation relies on philanthropy to fund its work, how would you best promote / fundraise to support the Foundation and / or the impact it has had on your career? *

Word count:

In-depth response encouraged however maximum of 250 words.

Scholarship recipients are required to commit to volunteer for the Gold Coast Hospital Foundation at a minimum of one event within the scholarship period *

- ☐ MELBOURNE CUP (Nov) 2026 for a 4-hour shift. Contact will be made in October to sign up for one of four locations on the Gold Coast.
- ☐ GIVING DAY (March) 2027 for a 2-hour shift. Contact will be made early 2027 to sign up for available shift.

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Form Preview

☐ MELBOURNE CUP (Nov) 2027 for a 4-hour shift. Contact will be made in October to sign up for one of four locations on the Gold Coast.

☐ CHRISTMAS GIFT WRAPPING (Dec) 2026 for a 4-Hour shift. Contact will be made in November to sign up at one of two shopping centre locations on the Gold Coast.

☐ CHRISTMAS GIFT WRAPPING (Dec) 2027 for a 4-Hour shift. Contact will be made in November to sign up at one of two shopping centre locations on the Gold Coast.

At least 1 choice must be selected.

Evidence of completion

Please attach evidence of completion of your course. If not yet available, attach evidence of enrolment. *

Attach a file:

Budget

* indicates a required field

Budget

Have you applied for or received other funding to assist with this education? If Yes, please specify: *

☐ Yes

☐ No

If yes, please specify:

Word count:

Must be no more than 50 words.

FBT

- The payment or reimbursement of education expenses by Gold Coast Hospital Foundation may give rise to a fringe benefit that is subject to Fringe Benefits Tax (FBT). Employees must access and understand Queensland Health information on FBT implications. Specifically, employees eligible for the public hospitals FBT exemption cap (\$17,000 GUTV) and choosing to salary packaging, need to be aware that non-salary packaged fringe benefits, such as FBT taxable education expenses, have first priority in applying the cap and will impact the amount an employee may salary package without incurring a personal cost for the FBT liability. Accordingly, employees are strongly recommended to seek appropriate financial advice and to speak directly with their salary packaging provider to determine if an adjustment will be required to their personal salary packaging arrangements. For further assistance, see Taxation Service QHEPS page.

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I authorise the Gold Coast Hospital Foundation to provide my name and email address to the GCHHS Finance Department should I be successful with this application. *

- ☐ Yes
☐ No

Certification

* indicates a required field

Applicant declaration

- I certify that to the best of my knowledge the statements made within this application are true and correct.
- All associated parts with this project have agreed that this application accurately represents the project.
- All needed authorisations and consents have obtained (patient case study, photos, etc.)
- I will complete a written report outlining the benefits of this education including a case study that demonstrates the impact of this education on a patient or group of patients.
- I will ensure that that the report and case study are returned to the Foundation Programs Coordinator scholarships@gchfoundation.org.au within 3 months of my program being completed.
- I will notify the Foundation of any media releases or opportunities that happen in relation to the program even if the Foundation has only contributed part of the funds and will ensure that the Foundation is acknowledged in all media activity as having funded the project/work.
- I have read and understood the terms and conditions of the Nursing and Midwifery Scholarship and agree to abide by those terms and conditions.

Name *

First Name

Last Name

Date *

Director of Nursing approval

Prior to submission to the Gold Coast Hospital Foundation, this Application Form and supporting documentation must be approved by your Director of Nursing or Nursing Director.

Director of Nursing *

First Name

Last Name

Directorate *

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Form Preview

[Click here](#) to print Director Approval Form for signing and upload your complete form below.
Applications can not proceed without authorisation.

Signed Director approval *

Attach a file:

The application cannot proceed without authorisation.

Endorsement *

- ☐ Endorsed
- ☐ Not Endorsed

Date of Endorsement *