Sure Park Scholarship 2026
Form Preview

Scholarship Stream

* indicates a required field

Which scholarship program are you applying for? *
○ SurePark Health Staff Scholarship

Terms and Conditions

For full terms and conditions click here

To be eligible to apply for the SurePark Scholarships program you must meet the following eligibility:

Eligibility

- Be currently employed by Gold Coast Health (full-time, part-time, or casual).
- Remain employed with Gold Coast Health for the entire study period.
- Not be a contractor, agency staff, volunteer, student, or former employee.
- Start study on or after 1 January 2026 and finish by 31 December 2027.

I have read and agree to 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
- ○ Medical
- ○ Nursing
- ○ Allied Health
- ○ Aboriginal and Torres Strait Islander Health
- ○ Professional / Administration
- ○ Operational Support Services / Trades

AHPRA Registration Number

Registration Date

Must be a date.

Service Type
- ○ Occupational Therapy
- ○ Physiotherapy
- ○ Speech Therapy
- ○ Nutrition and Dietetics
- ○ Social Work
- ○ Psychology
- ○ Other:

Are you a registered member of the appropriate Governing body?
- ○ Yes
- ○ No

example: AHPRA, Speech Pathology Australia

Registration / Member Number

Date of Registration / Membership

Must be a date.

Governing Body Name

example: AHPRA, Speech Pathology Australia

Contact Details

Address *
Address

Suburb State Postcode

Must be an Australian postcode.

Phone *

Must be an Australian phone number.

Email *

Must be an email address.

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 or anticipated enrolment date *

Must be a date.

Completion date or anticipated completion date *

Must be a date.

Is the study over and above mandatory training/continuous professional development requirements? *

- ○ Yes
- ○ No

Course cost or amount requested to be funded *

Proof will be required for disbursement of funds

Previous registration education

Program Title	Year

Course Description

* indicates a required field

Course description

Please describe the education course and the key new skills and knowledge you anticipate learning. *

Please use simple, non-scientific language.

Selection Criteria

* indicates a required field

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

Word count:
Must be no more than 300 words.
Use simple, non-scientific language.

How will you share and implement your new knowledge? *

Word count:
Must be no more than 300 words.
Use simple, non-scientific language.

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

Word count:
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

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.

How does this study have the potential to improve patient health outcomes? *

Word count:
Must be no more than 300 words.
Use simple, non-scientific language.

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 it's 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.
☐ 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.

Evidence of Enrolment

I will provide evidence of enrolment should this application be successful *
○ Yes
○ No

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.

Fringe Benefit Tax Advice

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.

I authorise the Gold Coast Hospital Foundation to provide my Name, Email and Confirmation of enrolment to the Gold Coast Health Finance Department to ascertain if this impacts my current FBT salary packaging *
- ○ Yes
- ○ No

Due to FBT implications, I acknowledge, this is a single person 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 been obtained.
- I have read and understood the terms and conditions of the Sure Park Scholarship and agree to abide by those terms and conditions.

Name *
First Name Last Name

Date *

Directors approval

Sure Park Scholarship 2026
Form Preview

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

Director *
First Name Last Name

Directorate *

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 *