**NURSES QUALIFICATIONS ALLOWANCE APPLICATION**

For completed qualifications a **copy of the original qualification (Academic transcript) must be attached** to this form and forwarded to your regional Payroll Services Unit.

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| **PRIVACY: The Department is collecting personal information on this form in accordance with Human Resource systems and business processes. The form will be securely stored within the relevant Central Office, Regional Office or Work Unit. The information may be disclosed to third parties without your consent. Third parties include Government Superannuation Office, Australian Taxation Office, Queensland College of Teachers, other Commonwealth and Queensland Government departments, Industrial organisations or other entities in accordance with or where requested by law or industrial instrument.** | |
| **TO BE COMPLETED BY EMPLOYEE:**  Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print full name) Employee No.  Date of birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment status:  Permanent  Temporary  Casual  School/Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification & Paypoint: \_\_\_\_\_\_\_\_\_\_  **EDUCATIONAL QUALIFICATION**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Full title of qualification**  (i.e. Grad-Cert, Dip, Degree) | **Educational institution & country located\*** | **Date completed** | **Period of the course** | **Month and year completed** | |  |  |  |  |  | | **Full title of the advanced qualification** (Masters, PhD) | **Educational institution & country located\*** | **Date completed** | **Period of the course** | **Month and year completed** | |  |  |  |  |  | | I have attached the Academic Transcript for my qualification to this application.  \* *Qualifications achieved outside of Australia require an academic assessment and comparability certification against Australian qualification from the Department of Employment, Small Business and Training - Overseas Qualification Unit.* [*https://desbt.qld.gov.au/training/training-careers/osqrecognition*](https://desbt.qld.gov.au/training/training-careers/osqrecognition)  I have attached academic assessment and comparability certification for an overseas qualification | | | | | | |
| Employee signature: Date: / / | |
| **Clinical Nurse Consultant / Senior Nurse Manager approval:**  **Approving Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print full name)  **Approving Officer title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Approving Officer signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / | |
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| **PAYROLL SERVICES USE ONLY** | |
| Eligible for:  Qualification Allowance  Advanced Qualification Allowance | Effective Date: |
| **PROCESSING UNIT USE ONLY:** Date Processed: / / | Fortnight End Date: / / |
| Initials: | Verified By: |