

QUALIFICATION ALLOWANCE APPLICATION FORM
(SJGHC VIC Nurses EA – Registered Nurses & Midwives Only)

Caregiver Name: _____ Caregiver No: _____

Position Title: _____

Ward/Department: _____

Hospital/Service: _____

QUALIFICATION DETAILS
(to be completed by the Caregiver)

Qualification Title: _____

Qualification Level (e.g. Grad Cert, Masters): _____

Name of Institution: _____

Country: _____

Date Conferred/Awarded: _____

**NB: A COPY OF YOUR POSTGRADUATE QUALIFICATION AND ACADEMIC
TRANSCRIPT MUST BE ATTACHED TO THIS FORM.**

AUTHORISATION
(to be completed by the Director)

I hereby authorise payment to the above named Caregiver for the following Qualification Allowance:

- ☐ Post Basic Hospital Certificate or Graduate Certificate (252)
- ☐ Postgraduate Diploma, Degree, Double Degree or Honours Degree (235)
- ☐ Masters (296)
- ☐ Doctorate (242)

I confirm that the postgraduate qualification is directly relevant to Caregiver's current practice/position/role and meets all criteria as outlined in the SJGHC Victorian Nurses Enterprise Agreement.

Director Name: _____ Signature: _____

Date: _____

**NB: Payment of the allowance shall commence from the first full pay period on or after
this form and supporting evidence is received.**