



This Scholarship Agreement Variation Request Form is used to vary the term of the Scholarship Agreement, for example, for the purposes of undertaking unpaid leave

i Please complete sections 1 – 7, sign and return the Form to the business unit nominated below:
 Queensland Rural Generalist Pathway
 email: rural_generalist@health.qld.gov.au | phone: 1800 680 291

Section 1 | Scholarship holder details

Surname Given name/s
 Current postal address
 Home phone Mobile phone
 Preferred email
 Date of birth / / Current post-graduate year (PGY)
 Scholarship QHRSS QHBMS Area of priority (Prosthetics and Orthotics)
 Current position
 Current facility
 Current Hospital and Health Service (HHS)
 Location (non-Queensland Health only)

Section 2 | Reason for request to vary Scholarship Agreement

Training (please provide details)
 Position
 Facility
 HHS
 Location (Non-Queensland Health only)
 Comments

Personal (please provide details – e.g. family reasons, reduction in hours)
 Comments

Medical (please provide details)
 Please note: supporting documentation must be attached from your GP/health professional.
 Comments

Section 3 | Variation dates

Variation start date / / Variation end date / /
 Is this an extension of a current Scholarship Agreement Variation? Yes No

Section 4 | Intentions at Variation end date

Please indicate which position you intend to take up following the Variation, if known.
 Position
 Facility
 Comments

Section 5 | Supporting documentation

Please list all attached supporting documentation.
 1.

Section 6 | Consent to variation

Subject to approval from Queensland Health, I consent to Queensland Health extending my Service Period obligations in

accordance with the dates in this Form, and advising me of the new Service Period end date below.

I acknowledge that the request for variation in this Form will not be effective unless and until this Form is executed by Queensland Health, at which point it will become binding.

I agree to complete the remaining Service Period to fulfil my obligations under my Scholarship Agreement with Queensland Health.

Signature Date

Section 7 | Declaration

I declare that the information provided at the time of completing this Form is true and accurate.

Signature Date

Please note that you will be advised in writing on approval of this Form. If approved, Queensland Health will provide you with a copy of this Form, signed by the relevant Queensland Health Delegate.

Section 8 | Approval by Queensland Health Delegate

The proposed Scholarship Agreement Variation is Approved Not approved

Signature Date

Queensland Health delegate name

Service period end date Scholarship Agreement dated

Recommending office use only

Decision Green Amber (refer for determination) Red
Supported Supported Not supported

Supporting officer name

Position

Signature Date

Comments

Guide to completion

Definitions:

- **Form** means this Scholarship Agreement Variation Request form.
- **Scholarship Agreement** means the Scholarship Agreement between the Scholarship Holder named in Section 1 of this Form and Queensland Health, executed at the date listed in Section 8 of this Form.
- **Service Period** has the meaning given to it in the Scholarship Agreement.
- **Queensland Health** means the State of Queensland acting through Queensland Health ABN 66329 169 412
- **Queensland Health Delegate** means the Deputy Director-General, Healthcare Purchasing and System Performance Division, Department of Health.