

**ALL STAFF OPPORTUNITY SCHEME APPLICATION FORM
(HR/ALSO)**

 **CMPH draft 02/18**

This application should be completed in accordance with College requirements and guidelines. Additional information may be attached if necessary. Complete the form electronically (simply tab from cell to cell) before printing to obtain signatures

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| **SECTION A: TO BE COMPLETED BY APPLICANT** |
| **Name:** | Applicant name. | **Payroll No:** | 000000 |
| **Contact Details:** | Phone: 0000 0000  | Email: you@flinders.edu.au |
| **Department:** | Click or tap here to enter text. |
| **College/Portfolio:** | **College of Medicine and Public Health** |
| **Employment Status:** | [ ]  Academic Staff [ ]  Academic Status holder [ ]  Professional Staff |
| **Location:** | Click or tap here to enter text. |
| **Nature and purpose of activity:** *(Attach relevant literature, flyer, etc.)*Click or tap here to enter text. |
| **Benefits to the applicant and College:**Click or tap here to enter text. |
| **Activity dates:** | **From:** | date | **To:** | date |
| **Total period of absence from University:\*** | **From:** | date | **To:** | date |
| *\*The period of absence to attend the activity, and any adjoining period of additional absence, is to be arranged with the Head of Department/Division in accordance with the University's* [*Academic Staff Absences*](http://www.flinders.edu.au/ppmanual/staff/hours/acadabsences.cfm) *policy.* |
| **Financial Matters** (supporting documents attached)**:** |
| Expenses which will be **necessarily** incurred as part of this activity:List expected expenses here and attach supporting quotes etc. | TOTAL$amount |
| **These expenses will be initially incurred by, and I would like them reimbursed to:**[ ]  my personal account [ ]  University account(s) 00-000-00000-0000 |
| Financial assistance from activity organisers/other external source(s) received or expected:List the item and source of funding support. Also list any departmental or research grant funds contributing to your attendance. | TOTAL$amount |
| *Signature of Applicant* | *Date*date |

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| **SECTION B : TO BE COMPLETED BY SUPERVISOR/HEAD OF DEPARTMENT** |
| I support the applicants participation in this activity and certify that the proposed absence(s), which I have approved, is (are) consistent with:* the purpose of the All Staff Opportunity Scheme, and
* the maintenance of the teaching, examining and administrative responsibilities of the College
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| *Signature of Supervisor/Head of Department* | *Name*  | *Date*  |

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| **SECTION C: TO BE COMPLETED BY COLLEGE/PORTFOLIO HEAD OR AUTHORISED DELEGATE** |
| **FINANCIAL SUPPORT:** |[ ]   **APPROVED for**  | **$**  |[ ]   **NOT APPROVED** |
| **Comments/Conditions:**  |
| *Signature of Dean People & Resources, HOCS, or delegate* | *Name*  | *Date*  |