

## ***Application for Support from the Overseas Conference Scheme – including Overseas Conference Leave***

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1. Please refer to the [guidelines](#) for full detail for this funding scheme prior to application.
2. Submit supervisor endorsed application to the Dean P&R via [cnhs.deanpr@flinders.edu.au](mailto:cnhs.deanpr@flinders.edu.au) with supporting documents evidencing the event/activity and related costs per the [guidelines](#).
3. Once the form has been approved, the form is to be submitted to People and Culture for processing via [Service One](#) (with relevant documentation and approval email)
4. Digital signatures can be used on this form. To add digital signatures, please complete the form using Adobe Acrobat.

### **Section A: Applicant Details (to be completed by applicant)**

**A1 FULL NAME:** \_\_\_\_\_

**A2 TEACHING PROGRAM/RESEARCH AREA/INSTITUTE/CENTRE:** \_\_\_\_\_

**A3 PAYROLL NO.:** \_\_\_\_\_

**A4 PHONE CONTACT NO.:** \_\_\_\_\_

**A5 CURRENT APPOINTMENT END DATE (IF APPLICABLE):** \_\_\_\_\_

**A6 EMPLOYMENT FRACTION (FTE):**

Full-time

Part-time                      fraction: \_\_\_\_\_ %

### **Section B: Details of Conference (to be completed by applicant)**

**B1 CONFERENCE TITLE:** \_\_\_\_\_

**B2 CONFERENCE LOCATION:** \_\_\_\_\_

**B4 DATES OF EVENT:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**B5 TOTAL PERIOD OF ABSENCE FROM UNIVERSITY:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**B6 DETAILS OF APPLICANT CONTRIBUTION TO THE CONFERENCE:**

*(Please attach relevant documents such as letter of invitation to make a contribution, or acknowledgement of acceptance of a contribution to the conference (e.g. abstract). As per the CNHS Guidelines – to be eligible for this scheme academic staff must be invited to make substantial contributions to overseas conferences of significant importance.)*

**B7 PROVIDE STATEMENT OF HOW ATTENDANCE WILL BENEFIT THE COLLEGE / YOUR ROLE:**

**B8 DO YOU INTEND TO APPLY FOR OTHER FORMS OF LEAVE IN CONJUNCTION WITH THIS PROGRAM?**

*(Recreation Leave, Long Service Leave, Leave without Pay, etc.)*

YES\*

NO

\*NB: In addition to indicating your leave intentions on this form, you also need to seek relevant approval from your supervisor by submitting formal application for the period of leave through Workday.

\*Type of Proposed Leave: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**B9 ALTERNATIVE TEACHING/RESEARCH or WORKING ARRANGEMENTS:**

*(Please identify arrangements necessary to ensure continuity during your absence from the College, or confirm if not required)*

**Section C: Financial Information (to be completed by applicant)**

**C1 ARE YOU SEEKING FUNDING SUPPORT FOR THIS CONFERENCE?**

YES

NO

**C2 HOW WILL ANY REMAINING COSTS (IF ANY) OF THE CONFERENCE BE COVERED?**

Covered personally

Paid using University account – identified account \_\_\_\_\_

External sources \_\_\_\_\_

**C3 ESTIMATED OR CONFIRMED COSTS BREAKDOWN:**

Registration fee: \$ \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

*(Please refer to ATO reasonable rates – any amounts over these must have pre approval)*

Travel costs (ie: air/ground transport costs): \$ \_\_\_\_\_

**Total cost: \$ \_\_\_\_\_**

**C4 HAVE YOU PREVIOUSLY RECEIVED FUNDING SUPPORT IN THE LAST TWO CALENDAR YEARS?**

YES

Conference name: \_\_\_\_\_

Dates: \_\_\_\_\_

Funding: \$ \_\_\_\_\_

NO

**I confirm that the information supplied is correct and that I have attached supporting documentation:**

- Preferred Supplier Airfare Quotes/Invoices
- Copy of Invoices/Quotes of listed expenses
- Endorsed Teaching Scholarship or Research Plan
- Abstract/Invitation/Other conference or program documentation
- Copy of report describing outcomes/achievements from any previous funding from this scheme in the last 2 years.

Digital signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section D: (to be completed by supervisor)**

**D1 SUPERVISOR ENDORSEMENT:**

*(Applications must be endorsed by the supervisor who must be satisfied that the professional development is of value to the staff members' academic pursuits and the College overall as per their development goals and current teaching scholarship or research plan. Please include a brief statement in support of this requirement and submit application and supporting documentation to: [cnhs.deanpr@flinders.edu.au](mailto:cnhs.deanpr@flinders.edu.au))*

Supervisor name: \_\_\_\_\_

Digital signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section E: Summary and Review (Office use only)**

**E1 DEAN PEOPLE & RESOURCES REVIEW:**

I confirm that leave for attendance and financial support is approved/not approved as follows:

Leave:                                      APPROVED                                      NOT APPROVED

Financial Support:                      APPROVED to value \$\_\_\_\_\_                      NOT APPROVED

Pro-rata funding applies (*Max. CNHS-funded amount for OSC/OCL is \$3,000 for 1.0 FTE*)

Comment: \_\_\_\_\_

\_\_\_\_\_

*Digital Signature*

*Dean People & Resources*

\_\_\_\_\_

*Date*

Recorded on Scheme Funding Tracker

Advised applicant

Initials: \_\_\_\_\_