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| **APPLICANT DETAILS:** | | | |
| APPLICANT FIRST / SURNAME: | |  | |
| APPLICANT TEACHING PROGRAM: | |  | |
| APPLICANT TEACHING SECTION: | |  | |
| PHONE CONTACT No: | |  | |
| EMPLOYMENT START DATE: | |  | |
| CURRENT APPOINTMENT END DATE: | |  | |
| EMPLOYMENT FRACTION (FTE): | |  | |
| **DETAILS OF EVENT/ACTIVITY** | | | |
| TITLE & PURPOSE OF EVENT: | |  | |
| LOCATION / DESTINATION: | |  | |
| REASON FOR ATTENDANCE: | |  | |
| IS THIS A RETROSPECTIVE APPLICATION? | | Yes  No | |
| DATES OF EVENT: | | FROM: | TO: |
| PERIOD OF ABSENCE FROM UNIVERSITY: | | FROM: | TO: |
| OTHER LEAVE: Is other leave being taken in conjunction with attendance at this event? | | Yes  No  If Yes, please ensure leave is actioned in ESS | |
| ALTERNATIVE TEACHING or WORKING ARRANGEMENTS:  *Please identify arrangements necessary to ensure continuity during your absence from the College, or confirm if not required:* | |  | |
| PROVIDE STATEMENT OF HOW ATTENDANCE WILL BENEFIT THE COLLEGE/YOUR ROLE: | |  | |
| **FINANCIAL INFORMATION** | | | |
| ARE YOU SEEKING FUNDING SUPPORT FOR THIS EVENT? | | Yes  No | |
| ESTIMATE OR CONFIRMED COSTS BREAKDOWN: | Registration Fee | $ | |
| Accommodation | $ | |
| Travel Costs *(ie: Air/Ground transport costs)* | $ | |
| **TOTAL COST** | **$** | |
| HAVE YOU PREVIOUSLY RECEIVED FUNDING SUPPORT IN THE CURRENT CALENDAR YEAR? – please provide detail (conference name/dates/funding $): | | Yes  No  $ | |
| IDENTIFY ANY OTHER SOURCES AND AMOUNT OF FINANCIAL ASSISTANCE WHERE RELEVANT: | | $ | |
| IDENTIFY WHERE OUTSTANDING BALANCE WILL BE FUNDED FROM IF RELEVANT: | |  | |

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

……………………………………………………………… ………………………..

*Signature of Applicant* *Date*

**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. Please include a brief statement in support of this requirement and submit application and supporting documentation to [cnhs.operations@flinders.edu.au](mailto:cnhs.operations@flinders.edu.au):

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*Name of Supervisor (Please print) Signature of Supervisor* *Date*

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

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| --- |
| **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 (*Maximum CNHS-funded amount for OSC/OCL is $2,500 for 1.0 FTE)*  Comment: …………………………………………………………………………………...............…  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean People & Resources \_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature Date*  *Recorded on Scheme Funding Tracker*  *Advised applicant*   *Initials:* \_\_\_\_\_\_\_\_\_\_\_\_\_ |