

Application for an Outside Studied Program (HR/OSP)

1. This application should be completed in accordance with College/Portfolio requirements as well as the [University's Outside Studies Scheme Rules](#).
2. Once the form has been completed and approved, it should be submitted to People & Culture via the [OCL/OSP Lodgment](#) service request in Service One. Additional information may be attached to the Service One form if necessary.
3. Digital signatures can be used on this form. To add digital signatures, please complete the form using Adobe Acrobat.

Section A: Personal Details (to be completed by applicant)

A1 FULL NAME: _____

A2 CLASSIFICATION:

LEVEL A	LEVEL B	LEVEL C
LEVEL D	LEVEL D Plus	LEVEL E

A3 COLLEGE/PORTFOLIO: _____

A4 DISCIPLINE/DIVISION: _____

A5 TYPE OF APPOINTMENT:

Continuing	Convertible
Continuing-Contingent	Fixed-term

A6 EMPLOYMENT FRACTION:

Full-time

Part-time fraction: _____ %

A7 IS THIS YOUR FIRST APPLICATION FOR OSP AT FLINDERS UNIVERSITY?

YES (please complete A8, A9 and A11)

NO (please complete A10 and A11)

A8 PLEASE SPECIFY YOUR DATE OF APPOINTMENT WITHIN THE UNIVERSITY:

A9 ARE YOU STILL ON PROBATION WITH THE UNIVERSITY?

Yes, I am still within my probationary period*

I have completed my probationary period

**Note that an initial program cannot normally be taken until your appointment is confirmed on a continuing basis*

A10 PLEASE PROVIDE DETAILS OF LAST OSP:

Semester: _____ Year: _____ No. of Weeks: _____

From: _____ To: _____

A11 HAVE YOU HAD ANY PERIODS OF LEAVE WITHOUT PAY SINCE YOUR LAST OSP APPLICATION, OR FOR NEW STAFF MEMBERS, SINCE YOUR DATE OF APPOINTMENT?

YES (please specify dates of leave without pay)

From: _____ To: _____

From: _____ To: _____

NO

Section B: Details of Proposed Absence (to be completed by applicant)

B1 DURATION OF PROGRAM:

From: _____ To: _____

B2 NO. OF COMPLETE WEEKS:

_____ of which _____ weeks spent overseas and/or _____ weeks spent interstate

B3 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: _____

*Type of Proposed Leave: _____

From: _____ To: _____

B4 OUTLINE OF PROGRAM, INCLUDING PRIMARY PURPOSE(S), I.E RESEARCH / PROFESSIONAL ACTIVITY / TEACHING DEVELOPMENT / SCHOLARLY ACTIVITY:

B5 INSTITUTION(S) TO BE VISITED:

Institution:

Approximate Dates:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____



B6 DETAILS OF ANY TEACHING AND/OR CONSULTANCY OBLIGATIONS:

(Indicate institutions, approximate dates, and, where necessary, details of approval under Outside Professional Activities Policy)

B7 OBJECTIVES OF PROGRAM, AND HOW THEY WILL BE ACHIEVED:

B8 RELATIONSHIP BETWEEN PROGRAM OBJECTIVES AND THE APPLICANT'S RESEARCH / TEACHING / ADMINISTRATIVE / PROFESSIONAL ACTIVITIYS:

B9 PUBLICATIONS:

(List publications during past four years, or since completion of your last OSP if fewer than four years have elapsed. Include a brief statement defining the relationship between those publications and your last OSP)

B10 DETAILS OF OBJECTIVES MET IN PREVIOUS PROGRAM:

(A brief statement of the aims and goals and how these were achieved in your last OSP)

B11 FINANCIAL SUPPORT:

(Refer Clause 6 of the Outside Studies Scheme Rules)

(a) Give an estimate of travel expenses which you expect to necessarily incur in implementing the program *(include details of calculation)*:

TOTAL: \$ _____

(b) Give details of assistance from other sources *(if money is subsequently obtained, please include in your report on return)*:

Already granted:

Source: _____ \$ _____

Source: _____ \$ _____

Already granted:

Source: _____ \$ _____

Source: _____ \$ _____

TOTAL: \$ _____

(c) Amount requested from University: \$ _____

(only contributions up to actual travel expenses incurred (taking into account assistance from other sources) will be approved)

(d) The costs of the program will be:

Covered personally

Paid using a University/consulting a/c

B12 HAVE YOU HAD ANY PERIODS OF LEAVE WITHOUT PAY SINCE YOUR LAST OSP APPLICATION, OR FOR NEW STAFF MEMBERS, SINCE YOUR DATE OF APPOINTMENT?

I acknowledge that any financial support granted from the University will be forwarded to me via the payroll approximately four weeks prior to the commencement of this program.

I accept my obligation to refund to the University any money received as financial support if I do not subsequently undertake the program, or do not return to the University for a period equal to twice the length of the approved program or six months, whichever is the lesser. I also acknowledge that an adjustment may be made to the financial support provided if the program is significantly changed.

I certify that the proposed program will bring significant benefits to the College / Portfolio / University, and that appropriate arrangements have been made to maintain my teaching, examining, graduate supervision, and administrative responsibilities; this has been discussed with my Teaching Program Director/relevant teaching supervisor.

B13 DIGITAL SIGNATURE OF APPLICANT: _____ **DATE:** _____

Section C: (to be completed by applicant's supervisor)

**C1 BENEFITS TO BE GAINED FROM THE PROPOSED PROGRAM BY APPLICANT,
DISCIPLINE / DIVISION, COLLEGE / PORTFOLIO, UNIVERSITY:**

(A brief statement on the benefits to be gained, including the relationship between the program objectives and the strategic objectives of the College/Division and/or University)

**C2 DETAILS OF ARRANGEMENTS TO COVER THE DUTIES OF THE APPLICANT WHILE
ABSENT:**

Teaching:

Examining:

Administrative Duties:



Supervision of Higher Degree Students:

Other:

C3 EVALUATION OF PREVIOUS PROGRAM(S):

(an evaluation of the extent to which the objectives of previous programs were met)

C4 IS THIS APPLICATION SUPPORTED?

YES

NO*

*If NO, please provide reasons:

C5 OTHER COMMENTS:

C6 SUPERVISOR AUTHORISATION :

Supervisor name: _____

Digital signature: _____ Date: _____

Section D: (to be completed by the Vice-President & Executive Dean of College / Head of Portfolio (or authorized delegate)

D1 COMMENTS ON APPLICATION:

D2 APPROVAL OF PROGRAM:

In approving this application, I certify that the proposed program will bring significant benefits to the College / Portfolio / University, and that appropriate arrangements have been made to maintain the applicant's teaching, examining, graduate supervision, and administrative responsibilities.

APPROVED

NOT APPROVED *(please complete D3)*

D3 REASONS FOR NON-APPROVAL:

D4 SIGNATURE OF VICE-PRESIDENT & EXECUTIVE DEAD OF COLLEGE / HEAD OF PORTFOLIO (OR AUTHORIZED DELEGATE):

Name: _____

Digital signature: _____ Date: _____

Section E: (for People & Culture / College / Portfolio office use only)

Last Outside Studied Program:

From: _____ To: _____

No. of weeks: _____ Qualifying service on return (months): _____

As at: _____

Qualifying Service:

Other Institution/Qualifying Service on return from last Outside Studies Program:

_____ months

Service since last Program:

_____ months

Total: _____ months

Qualifying Service: _____ weeks



Program Summary:

From: _____ To: _____

No. of weeks: _____ Eligible financial support: _____

Qualifying Service on return (months): _____ @ _____

COMMENTS: