Dean, People & Resources – FORMS

Health & Enablement

Flinders University

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

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 che.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 CHE 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
☐ Evidence of NuTrip approval (required for all travel)
☐ 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: che.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. CHE-funded amount for OSC/OCL is $3,000 for 1.0 FTE)*

Funding account: _____

Comment: _____

_____ _____

Digital Signature *Date*

Dean People & Resources

☐ Recorded on Scheme Funding Tracker ☐ Advised applicant

Initials: _____

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