Flinders University | Health & Enablement | Dean, People & Resources – FORMS

Application for Support from the CNHS Academic Professional Development Funding Scheme

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 for expense reimbursement 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 **PHONE CONTACT NO.:** _____

A4 **EMPLOYMENT START DATE:** _____

A5 **CURRENT APPOINTMENT END DATE (IF APPLICABLE):** _____

A6 **EMPLOYMENT FRACTION (FTE):**

☐ Full-time

☐ Part-time fraction: _____ %

Section B: Details of Event / Activity *(to be completed by applicant)*

B1 **TITLE & PURPOSE OF EVENT:** _____

B2 **LOCATION / DESTINATION:** _____

B3 **REASON FOR ATTENDANCE:** _____

B4 **DATES OF EVENT:**

From: _____ To: _____

B5 TOTAL PERIOD OF ABSENCE FROM UNIVERSITY:

From: _____ To: _____

B6 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: _____

B7 ALTERNATIVE TEACHING or WORKING ARRANGEMENTS:

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

B9 PROVIDE STATEMENT OF HOW ATTENDANCE WILL BENEFIT THE COLLEGE / YOUR ROLE:

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

C1 ARE YOU SEEKING FUNDING SUPPORT FOR THIS EVENT?

☐ YES

☐ NO

C2 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: $_____

C3 HAVE YOU PREVIOUSLY RECEIVED FUNDING SUPPORT IN THE LAST TWO CALENDAR YEARS?

☐ YES

Conference / Event name: _____

Dates: _____

Funding: $_____

☐ NO

C4 FINANCIAL ASSISTANCE FROM EVENT ORGANISERS, OTHER EXTERNAL SOURCE(S) RECEIVED OR EXPECTED:

C5 **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:

- ☐ 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

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. 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-rate finding applies (*Max. CHE-funded amount for PD Local & International is $2,000 for 1.0 FTE)*

Funding account: _____

Comment: _____

_____ _____

Digital Signature *Date*

Dean People & Resources

☐ Recorded on Scheme Funding Tracker ☐ Advised applicant

Initials: _____