

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 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 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
- 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:

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

Comment: _____

Digital Signature

Date

Dean People & Resources

Recorded on Scheme Funding Tracker

Advised applicant

Initials: _____