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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:**

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*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.deanprs@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:* \_\_\_\_\_\_\_\_\_\_\_\_\_ |