

Outside Studies Program Guidelines

[This information is to be read in conjunction with the University Policy on the Outside Studies Scheme available on the [OSP Policy webpage](#)]

Purpose

In line with its strategic plan, the University is committed to providing staff with opportunities to carry out sustained scholarly activity or gain professional experience outside the University, in order to maintain and enhance the quality of its teaching and research, and the international profile of the University.

Applications

There will be one round of application and assessment per year with dates announced in VPED updates. Applications should be emailed as a single PDF document to chass.deanpr@flinders.edu.au.

Assessment of Applications

Applications will be assessed by an advisory group that includes:

- Dean P&R, Chair
- Dean Research
- Dean Education
- 1 Teaching Program Director
- 1 Research Section Head

Reporting Requirements

OSP recipients are required to submit a report to the College at the conclusion of their OSP. A template for this report can be found at the end of this document. The report should be sent to chass.deanpr@flinders.edu.au within two months of the end date of the OSP period.

SECTION B: PROGRAM DETAIL (TO BE COMPLETED BY THE APPLICANT)

Title of your proposed OSP program	
Duration of program	From: _____ To : _____
Number of complete weeks	
Program Description (<i>Detailed description of your proposed program, including its primary purpose and specific objectives, names of contacts/collaborations, seminar attendance, and professional activity. If conference attendance/participation is included, state its relevance to your research/creative activity and research outputs within the OSP proposal. If travel is proposed, state its relevance to the proposed program. If writing a book is proposed, you must already have a publication contract and provide those details.</i>)	
Timetable for the Proposed Program (<i>Detailed timeline of project.</i>)	
Proposed Outcomes (<i>Details of grant applications, publications, presentations, and other outputs.</i>)	
Research Record and/or Scholarship of Teaching, relative to opportunity (<i>Include your: top 10 publications (with Scimago quartile ranks or other quality indicator), creative outputs, external grants (last 3 years), esteem factors, and conference presentations. Please include and any career interruptions.</i>)	
Details of arrangements to cover your duties while absent Teaching:	

SECTION B: PROGRAM DETAIL (TO BE COMPLETED BY THE APPLICANT)

Administrative duties:

Supervision of Higher Degree Students:

Other:

Any Other Relevant Information

APPLICANT SIGNATURE AND ACKNOWLEDGEMENT

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.

Applicant signature:

Date:

SECTION C (TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR)

Benefits to be gained from the proposed program by Applicant, Discipline, College, University (A brief statement on the benefits to be gained, including the relationship between the program objectives and the strategic objectives of the College and/or University)

Evaluation of previous program(s) (An evaluation of the extent to which the objectives of previous programs were met)

Is this application supported?

YES/NO

If no, please provide reasons

Supervisor name:

Supervisor signature:

Date:

SECTION D (TO BE COMPLETED BY THE VICE-PRESIDENT & EXECUTIVE DEAN OF COLLEGE)

Comments on application

Approval of program

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

SECTION D (TO BE COMPLETED BY THE VICE-PRESIDENT & EXECUTIVE DEAN OF COLLEGE)

Reason for non-approval (if applicable)

VPED name:

VPED signature:

Date:

SECTION E (FOR PEOPLE AND CULTURE/COLLEGE USE ONLY)

Last Outside Studies Program:

From:

To:

No. of weeks:

Qualifying Service on return:

_____ (months)

As at:

Qualifying service:

Other Institution/Qualifying Service
on return from last OSP:

_____ (months)

Service since last OSP:

_____ (months)

Total:

_____ (months)

Qualifying service:

_____ (months)

Program Summary:

From:

To:

No. of weeks:

Eligible financial support:

Qualifying Service on return (months):

@

COMMENTS:

List any papers or applications for external funding submitted as a result of receiving this project funding

Signature

Applicant Signature:

Date:

Supervisor Signature:

Date