1. **Applicant Details**

|  |
| --- |
| **STAFF and PROFESSIONAL DEVELOPMENT DETAILS (Please attach any activity details to this form)** |
| **Full Name** |   |
| Faculty/School/Academic Unit |   |
| Employment status | Ongoing [ ]  | Contract [ ]  | Casual [ ]  |
| Employment type | Higher Education [ ]  | Professional Staff [ ]  |
| Email |   | Phone |   |

1. **Description of the Activity**

|  |  |
| --- | --- |
| Activity |   |
| Delivered by |   |
| Location |   |
| Date/s |   |
| Time commitment |   |

(Tick all that are relevant)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Internal | [ ]  | External | [ ]  | Network Meeting | [ ]  |
| Workshop | [ ]  | Seminar | [ ]  | Conference | [ ]  |
| Leadership/Management | [ ]  | Administration | [ ]  | eLearning | [ ]  |
| ICT Related | [ ]  | Training | [ ]  |  |
| Attachment of promotional flyer/electronic evidence of activity [ ]  |

1. **Alignment between Professional Development Opportunity and PRDP/Professional Development Plan (PDP)**

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| --- |
| Please describe in detail how this activity aligns with your **PRDP** or **PDP** (max. 250 words).  |
| How does this activity align to the **strategic direction of your Faculty/School/Academic Unit and the University?** |
| Describe how your attendance at this activity will **benefit the institution**, and how this will be disseminated to your Faculty/School/Academic Unit (max. 250 words).  |
|  |

1. **Sharing of information/evaluation of activity**

|  |
| --- |
| Report at a Team meeting |[ ]
| Presentation at a Faculty/School/Academic Unit meeting |[ ]
| Written report to your Supervisor |[ ]
| Document evidence summary with PRDP or PDP  |[ ]
| Other *(specify - maximum 50 words)*   |

1. **Previous Professional Development**

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| --- |
| Please provide details of previous financial and leave support you received during the current calendar year (Jan-Dec) for professional development activities (include financial details). If none, please indicate this. |
| **Activity (name, location and number of days of the activity)** | **Total funding received** | **Account code (if known)** | **Evidence of dissemination post activity event** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

1. **Budget and Funding Sources (refer to notes)**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY COSTS (estimated $)** | **FUNDING SOURCE CODE**  | **DEPARTMENT/PROJECT CODE**  |
| Registration fees |   |   |   |
| Travel |   |   |   |
| Accommodation |   |   |   |
| Meals |   |   |   |
| Other |   |   |   |
| Total estimated cost | $  |   |   |

**Note 1:** Please contact your Faculty Business Manager or equivalent, and/or Supervisor, and/or Director to ascertain budgetary limits for professional development within your Faculty/School/Directorate.

**Note 2:** If you do not know the funding source, please contact your Supervisor, and/or Faculty Business Manager or equivalent for assistance.

**Note 3:** Please discuss this with your Supervisor, who is responsible for actual booking arrangements (if the activity is approved).

1. **Booking Requirements**

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| --- |
| **BOOKING REQUIREMENTS** |
| [ ]  Plane | Departure Date:  | Time:  | Return Date:  | Time:  |
| [ ]  FedUni Car | Departure Date:  | Time:  | Return Date:  | Time:  |
| [ ]  Hire Car | Departure Date:  | Time:  | Return Date:  | Time:  |
| [ ]  Shuttle Bus | Departure Date:  | Time:  | Return Date:  | Time:  |
| [ ]  Train | Departure Date:  | Return Date:  | Myki required [ ]  |
| [ ]  Taxi | Departure Date:  | Return Date:  | No. of vouchers required:  |
| [ ]  Accommodation | Arrival Date:  | Departure Date:  | Location:  |
| [ ]  Attachment of proposed itinerary  |

1. **Approvals and Checklist**

|  |  |
| --- | --- |
| **Signature:** Staff member |  |
| **Date of submission** |   |
| **Approval of application** | YES [ ]  | NO [ ]  |
| **Comment:**  |
| **Signature:** Supervisor |  | Date:  |
| **Approval of application:** Executive Dean/Director (or nominee if required) | YES [ ]  | NO [ ]  |
| **Comment:**  |
| **Signature:** Executive Dean/Director (or nominee if required) |  | Date:  |
|  |
| **Applicant informed of outcome** | YES [ ]  | NO [ ]  |
| **Who informed applicant (list format: email, phone call, face-to-face etc.)** |   |
| **Date** |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overseas travel form completed**http://policy.federation.edu.au/forms/University-Funded-Overseas-Travel-Application-Form.pdf | **N/A** [ ]  | **Yes** [ ]  | **No** [ ]  | Date:  |
| **Travel approved by DVC**(if “Overseas” form is required) | **N/A** [ ]  | **Yes** [ ]  | **No** [ ]  | Date:  |
| **Filled in details on Empower (Employment Self Service Systems)** | **N/A** [ ]  | **Yes** [ ]  | **No** [ ]  | Date:  |

1. **Additional Notes/Details:**
* Applications must be received at least four weeks prior to the scheduled activity.
* All staff are encouraged to discuss the proposed professional development activity with their direct supervisor prior to completing this application form.
* Any application which is not received at least four weeks prior to the activity is unlikely to be granted.
* For additional information regarding professional development policies and procedures: http://policy.federation.edu.au/human\_resources/professional\_development/professionaldevelopment/ch01.php
* For additional information regarding travel policies and procedures: http://policy.federation.edu.au/finance/travel/travel/ch02.php