

Application Form General Staff Educational Assistance Scheme

EMPLOYEE DETAILS								
Employee ID: — — — — Surname:	Given Names :							
Position:								
Element: Group:	Campus:							
STUDY DETAILS								
Course/Qualification:								
Name of Institution:								
Year of study/Stage of course/program:								
Total cost of course/program being undertaken (incl. HEC	S, student charges, books, course fees): \$							
REASONS FOR UNDERTAKING STUDY								
Define the educational goals to be achieved, the developmental objectives to be pursued, or work needs to be met (these should be discussed with your supervisor prior to lodging the application):								
Identify the personal skills, knowledge and qualifications necessary to fulfil the career objectives and work needs which this course of study will address:								
COURSES TO BE STUDIED THIS YEAR								
Trimester one	Weekly contact hours							
Trimester two	Weekly contact hours							
Trimester three	Weekly contact hours							

CATEGORY OF APP	PLICATIO	N (sel	ect one only)					
☐ CATEGORY A: The course/program is a requirement of employment or is made a requirement through a policy of the School, Office or Element.								
☐ CATEGORY B: The course/program will directly contribute to the performance of my duties.								
	☐ CATEGORY C: The course/program is not directly related to my specific employment position but has some relevance to my existing position at Griffith University and contributes to my continuing professional development.							
PREVIOUS ASSIST	ANCE RE	CEIVE	D UNDER TH	E S	CHE	ME		
What assistance have you re (Please attach the relevant re		r the Ge	neral Staff Educati	onal A	ssista	ance Scheme	e in the last 12 months?	
ASSISTANCE REQUIREMENT ASSISTANCE AVAILABLE ASSISTANCE AS		efer to	the General Sta	iff Ed	ucati	ional Assis	stance Scheme for full	
Leave:								
Leave for lectures/tutorials (number of ho	urs/wee	k):					
Leave for compulsory reside	ential school o	r practio	cum (specify dates)	:				
Flexi-time for lectures/tutoria	ıls only availa	ble in w	orking hours (numb	er of l	nours	/week):		
Leave to attend exams (number of hours):		Hrs	Leave without sal					
Full-time study release on pa	art or full pay	(no. of h	nrs/week):* this lea	ve is o	nly a	/ailable for C	ategory A	
	Payment 1:	\$	Date:	/	/	Account:		
Education Allowance:	Payment 2:	\$	Date:	/	/	Account:		
	Payment 3:	\$	Date:	/	/	Account:		
Other: (type of access to computing, printing and photocopying facilities)								
CHECKLIST FOR A	PPLICAN	Γ						
☐ Discussed developmenta	al and career	objective	es or specific work	needs	to be	met, with su	pervisor.	
☐ Each section of the form is completed, addressing the application and approval criteria.								
☐ Relevant documentation regarding course/subjects is attached (e.g. electronic handbook extracts, timetables etc.).								
☐ Completed form signed and dated by applicant.								
☐ Results or supervisor's report attached if assistance received in past 12 months.								
Please forward this form	to your Line	Manag	er for endorseme	ent.				
Applicant's Signature: Date: / /								
Griffith University collects, store information collected is confider other regulatory authority requir	ntial and will no	t be discl	osed to third parties v	vithout	your c	onsent, excep		

Last updated: January 2017

Line Managers Endors	ement of Applicatio	n						
☐ I endorse this application ☐ I do not endorse this application (please provide further information)								
Comments:								
Line Managers Name:								
Line Managers Signature	e:				Date:	/	/	
HEAD OF ELEMEN	T APPROVAL							
I approve this application	tion as detailed below		J 10	do not appr	rove this a	pplic	ation	
Leave:								
Leave for lectures/tutorials (no. of hrs/week):								
Leave for compulsory residential school or practicum (specify dates):								
Flexi-time for lectures/tutorials only available in working hours (no. of hrs/week):								
Leave to attend exams (hrs):	(no. of Hrs Leave without salary (# of hrs):							
Full-time study release on part or full pay (# of hrs/week):* this leave is available for Category A approved applicants only						gory		
	Payment 1:	Date:	/	/ A	ccount:			
Education Allowance:	Payment 2:	Date:	/	/ A	ccount:			
	Payment 3:	Date:	/	/ A	ccount:			
Other: (type of access to c	omputing, printing and p	photocopying	faciliti	es)				
Head of Element Name &	Designation:							
Signature:	Date:							
CHECKLIST ON APPROVAL/NON-APPROVAL								
Line Manager forwa	ards copy of form to a	applicant for i	inforn	nation;				
Original form forwarded to HR Staff Services to process allowance (where applicable);								
Original form scanned and emailed to Corporate Records & Digitisation Services (CRDS) for placement on Personal Staff File (recopy-staff@griffith.edu.au SUBJECT LINE: 7digit staff id number no s, add 0 as needed eg 0123456-E General Staff Education Assistance Form)								
HR STAFF SERVIC	ES PROCESSING	3						
Amount 1: \$	Date to be paid:	/	/	Acco	ount:			
Processed by:				On:		/	1	
Amount 2: \$	Date to be paid:	/	/	Acco	ount:			
Processed by:				On:		/	/	
Amount 3: \$	Date to be paid:	/	/	Acco	ount:			
Processed by:				On:		/	1	