



STUDY AND RESEARCH ASSISTANCE SCHEME

Application for course approval - part-time or full-time study

There is no central funding pool for the Study and Research Assistance Scheme. Assistance is to be provided from institute/school/work unit professional development budgets. As with all professional development opportunities, the principles of equity and equal employment opportunity apply to employees' access to assistance.

The Department of Education and Training collects the information provided by you, in accordance with the *Information Privacy Act 2009 (Qld)* to record the assistance you have received. This information will be retained on file and will only be accessed by authorised officers of the Department. The information collected on this form will not be given to any other person or agency unless you have given us permission or we are required by law to disclose it.

Please ensure you read the guidelines before completing this form. This form is to be used to: <ul style="list-style-type: none"> Apply for course approval Advise of any changes or additions to a course (Update) Advise approving officer of course related leave requirements If leave is required for course attendance, a leave form must be submitted and approved for each occasion.	Course study is: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Application is: <input type="checkbox"/> New <input type="checkbox"/> Update
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A. Personal details

Surname and preferred title:	Given names:	Employee number:
Institute, branch or school:	Work address:	
Position title:	Classification:	Employment status: <input type="checkbox"/> Permanent <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time Fraction if part-time:

B. Present educational qualifications

Qualification	Institution	Year completed	SARAS obtained for course?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Details of course applied for

Full title of course:	Education Institute:	Estimated total costs this year:	Do you anticipate that during the course of study you will produce materials or research results that may have commercial value or application? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Course Program (additional sheet may be attached if required to record all subjects in the course.)							
Calendar Year and Semester	Subject Code	Subject Title	Result	Calendar Year and Semester	Subject Code	Subject Title	Result

D. Reasons why assistance should be granted

Provide a brief outline of the purpose of your study and how it will assist the department.

E. Your current status in this course

I am currently:

Enrolled in this course

Awaiting an offer

Awaiting approval of this application for assistance before accepting an offer

F. Residential school/Practicum details

Does this course include a residential school or practicum component? Documentary evidence must be provided.

Yes No

If YES, is attendance Compulsory Non-compulsory

Dates of residential school(s) / practicum(s):

G. Course attendance leave

- Contact the Course Coordinator at the university/institute to request information about the hours per week you will be required to attend for lectures.
- Provide an estimate of the course attendance leave you will require, to assist the decision maker in approving this application. You will need to revisit your leave requirements with your Director/Principal/Manager once your timetable is confirmed and attach a schedule signed by the approver to both copies of this approved application.
- A separate leave application must be submitted and approved on each occasion when course attendance leave under this arrangement is required.
- Evidence must be provided, when available, showing that lectures are only available during the work hours indicated.

Applicant's certification:

I certify that the information contained in this application is true and correct to the best of my knowledge and that I consent to the use of this information as stated in the privacy clause above.

Signature of applicant: _____

Date: _____

To be completed by Director/Manager/Principal

<p>Certification</p> <p>1. The applicant's performance and punctuality are satisfactory. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. The applicant has shown evidence of course enrolment. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. It is convenient for course attendance leave to be granted and evidence has been provided that lectures are only available during work hours. Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>4. The applicant has shown evidence that the course includes a compulsory residential school component. Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>	<p>Approval</p> <p>5. The proposed course program is relevant to the department. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Course attendance leave will be granted on confirmation of 'G' above. Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>7. Category of approval: Essential <input type="checkbox"/> (refer endorsement of senior delegate below) Highly Desirable <input type="checkbox"/> Desirable <input type="checkbox"/></p> <p>Financial assistance to be provided on successful completion per semester/unit/subject (select one): at % of actual costs.</p> <p>Signature: _____ Date: ____ / ____ / ____</p> <p>Designation: _____</p>
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Applicant responsibilities	Director/Manager/Principal responsibilities
<ul style="list-style-type: none"> Retain a copy of this form as your record of approval of course of study, update, or course attendance. Course approval is not leave approval. When leave is required for study or examinations, or to attend a residential school, apply for leave in the usual way, indicating that the leave is SARAS leave. Submit evidence of successful completion with applications for reimbursement of course costs. 	<ul style="list-style-type: none"> Maintain records of applicant's course of study. Approve claims for reimbursement with evidence of successful completion. Ensure sufficient funds available to cover reimbursements.

Endorsement of Executive Director/Institute Director or higher delegate (where applicable)

I have approved this course as an essential course of study under the SARAS guidelines. This applicant has been duly selected to undertake this course. The assistance detailed above will be provided to this applicant. Funds will be drawn from Cost Centre: _____ under my delegation.

Signature: _____ PrintName: _____

Position: _____ Date: _____