**STUDY AND RESEARCH ASSISTANCE SCHEME**

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

There is no central pool of funding or leave for the Study and Research Assistance Scheme. Assistance is provided from school or 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.

Privacy: The Department of Education is collecting, using and storing your personal information in accordance with the *Information Privacy Act 2009* and the *Public Service Act 2008* as part of the ongoing management of an employee's entitlements and assistance provided under SARAS. The information will only be accessed by authorised employees within the department. Your information will be securely filed and accessed by delegated officers only. No personal information will be provided to any external parties, other than as authorise or required by law, without the individual's consent.

1. **Personal details**

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| --- | --- | --- | --- |
| Surname and preferred title: | Given names: | Employee number: | |
| Please ensure you read the [guidelines](https://ppr.mpe.qed.qld.gov.au/attachment/guidelines-for-study-and-research-assistance-scheme.pdf) before completing this form. This form is to be used to:   * 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**:  Part Time  Full Time  **Application is:**  New  Update | |
| Branch or school: | Work address: | | |
| Position title: | Classification: | | Employment status:  Permanent  Full-time  Temporary  Part-time  Fraction if part-time: |

**B. Present educational qualifications**

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| **Qualification** | **Institution** | **Year completed** | **SARAS obtained for course?** |
| 1. |  |  | Yes  No |
| 2. |  |  | Yes  No |
| 3. |  |  | Yes  No |

**C. Details of course applied for**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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?  Yes  No | | |
| **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** |
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**D. Reasons why assistance should be granted**

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| Provide a brief outline of the purpose of your study, how it relates to your work and how it will benefit 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**

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| Does this course include a residential school or practicum component? Documentary evidence must be provided.  Yes  No  If YES, is attendance Compulsory  or 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.

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be completed by approving Director/Manager/Principal** | |
| **Certification**   1. The applicant’s performance and punctuality are satisfactory.   Yes  No   1. The applicant has shown evidence of course enrolment.   Yes  No   1. It is convenient for course attendance leave to be granted and evidence has been provided that lectures are only available during work hours.   Yes  No  Not applicable   1. The applicant has shown evidence that the course includes a compulsory residential school component.   Yes  No  Not applicable | **Approval**   1. The proposed course program is relevant to the department.   Yes  No   1. Course attendance leave will be granted on confirmation of ’G’ above.   Yes  No  Not applicable   1. Category of approval and financial assistance   Essential  (endorsement of senior delegate required - see last section below)  Highly Desirable  Desirable   1. Approval relates only to leave  **or** 2. Approval includes leave and financial assistance   **Signature:** **Date:**  / /\_\_  **Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Applicant responsibilities** | **Director/Manager/Principal responsibilities** |
| * 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. | * Maintain records of applicant’s course of study. * Approve claims for reimbursement with evidence of successful completion. * Ensure sufficient funds available to cover reimbursements. |
| **Additional approval for essential courses only**  **Endorsement of Executive Director or higher delegate** | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |