# Appendix 1: Application for Study/ Exam Leave for external accredited courses

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| Application for Study/ Exam Leave  for external accredited courses | |
| Section 1 to be filled in by applicant | |
| **Name** |  |
| **Staff ID number** |  |
| **Current position**  *Please attach job description* |  |
| **Grade** |  |
| **Unit/School/Department** |  |
| **Phone Extension Number** |  |
| **Email Address** |  |
| **Programme** | Degree  Diploma  Certificate  Other |
| **Title of Degree/Diploma/ Certificate/Other being pursued**  *Please attach course description* |  |
| **Duration of programme in years and month, and state academic year**  *e.g. jan-dec / sept – aug* |  |
| **Will you be working full time/ part time/ taking a break for the duration of this academic programme?**  *Please specify* |  |
| **Total Number of Study days requested for the current academic year**  *Depending on the nature of the course and the degree of relevance up to 4 days study leave per annum may be granted* | Number of Days: \_\_\_\_\_\_\_\_\_\_\_ |
| **Study Dates Requested** |  |
| **Please state previously awarded study leave and examination leave granted** | No of days study leave: \_\_\_\_\_\_\_  Number of days exam leave: \_\_\_\_\_\_\_\_\_\_\_\_\_  Were these for the current course of study? Y / N |
| **Total Number of Examination half/full Days Requested for the current academic year**  *Depending on the nature of the examinations half days or full days per examination, to a maximum of 4 days per annum may be granted.* | Number of Days: \_\_\_\_\_\_\_\_\_\_\_ |
| **Examination Dates, time/duration**  *Full day is an examination which exceeds 3.5 hours* | |  |  |  | | --- | --- | --- | | **Date of Exam** | **Time** | **Duration** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Signature of Applicant** | *I confirm that the above information is accurate*  *I have attached all relevant documents.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date** |  |
|  | |
| Section 2 to be filled in by the Head of Unit | |
| **Signature of Head of Unit** | *Following discussion with the member of staff, I support him/her in undertaking the course listed and confirm that the course will, in my opinion, maintain or improve skills required for their current job, or fulfils other criteria (as described above) required by the University.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Print Name of Head of Unit** |  |
| **Title (e.g. Head of School)** |  |
| **Print Name of Head of Unit** |  |
| **Email Address** |  |
| **Date** |  |

# Appendix 2: Application for Funding Assistance - external Academic Courses

**Instructions for Completing the Application Form**

Application Process

**Note**:

All applications for funding support must have the support of the Head of Unit.

Incomplete forms will be returned to Staff Member for completion – no decision will be made if forms are incomplete, or not accompanied by appropriate documentation as specified below.

Following discussion with your Head of Unit

1. Staff member fills in Section I completely

2. Attach a copy of current job description

3. Attach a copy of course description

4. Head of Unit completes Section II and signs the bottom of the form

5. Official receipt issued by relevant University

6. Signed Application Form and all relevant documentation should be returned to the Learning & Organisation Development Manager, House 4, Trinity University Dublin via email [staffdev@tcd.ie](mailto:staffdev@tcd.ie).

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| Application for Funding Assistance– External Academic Courses | | |
| **Section 1 to be filled in by applicant** | | |
| **Name** | |  |
| **Staff ID number** | |  |
| **Current position**  *Please attach job description* | |  |
| **Grade** | |  |
| **Unit/School/Department** | |  |
| **Phone Extension Number** | |  |
| **Email Address** | |  |
| **Programme** | | Degree  Diploma  Certificate  Other |
| **Title of Degree/Diploma/ Certificate/Other being pursued**  *Please attach course description* | |  |
| **Duration of programme in years and months, which year is this for you (year1/2) and state academic year**  *e.g. jan-dec / sept – aug* | |  |
| **Will you be working full time/ part time/ taking a break for the duration of this academic programme?**  *Please specify* | |  |
| **Awarding Body** | |  |
| **Course name or title  (if NOT Degree, Diploma or Certificate)** | |  |
| **Cost of course for this current academic year** | |  |
| **How will the programme benefit you in your current position?**  *Please describe* | |  |
| **Will the programme require leave from normal working hours?**  *Please give details* | |  |
| **Signature of Applicant** | *I acknowledge that should I terminate my employment within 12 months of receiving financial support under this policy I will undertake to refund all monies received under this application. I confirm that the above information is accurate.*  *I have attached all relevant documents.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Date** |  | |
|  |  | |
| **Section 2 to be filled in by the Head of Unit** | | |
| **Will the proposed programme of education maintain or improve skills or knowledge relevant to the staff member's current duties?** | **Yes / No** | |
| **If YES, what specific job related skills or knowledge will be learned or improved?** |  | |
| **If NO, please give reasons for supporting this application**  *Please describe other criteria the course meets* |  | |
| **Financial Support from Unit**  *Please give details of all financial support for this programme or course* |  | |
| **Any Other support**  *please specify* |  | |
| **Signature of Head of Unit**  *confirming local approval for participating in this course* | *Following discussion with the member of staff, I support him/her in undertaking the course listed and confirm that the course will, in my opinion, maintain or improve skills required for their current job, or fulfils other criteria (as described above) required by the University*.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Print Name of Head of Unit** |  | |
| **Title (e.g. Head of School)** |  | |
| **Email Address** |  | |
| **Date** |  | |

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| **Section 3 to be filled in by Human Resources** | |
| **Notes re Approval**  **Approved**  **Amount Approved**  **Not Approved** |  |
| **Signature** | Learning & Organisation Development Manager |
| **Print Name** |  |
| **Date** |  |

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| Please **return** this form via email to Learning and Organisation Development at [staffdev@tcd.ie](mailto:staffdev@tcd.ie) |