**ECU Professional Development Fund (PD Fund) Application Form**

**Please review the PD Fund Guidelines before completing this application.**

1. **Eligibility**

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| **Is this development activity eligible for funding under the ECU Professional Development Fund (PD Fund) Guide 2021 Eligibility Criteria? ( √ )** Choose an item. | | | |
| **Position/role type** | Choose an item. | | |
| **Was this type of PD event discussed as part of your MPS discussions?** | | | Choose an item. |
| **Are these PD needs documented in your Management for Performance Plan (MPS)** | | | Choose an item. |
| **Did you demonstrate satisfactory performance in the last 12 months?** | | | Choose an item. |
| **Professional Staff: Have you completed 12 months continuous service with ECU?** | | | Choose an item. |
| **Appointment type?** | Ongoing | Fixed Term - Fixed term end date: Enter a date. | |

1. **Applicant Details**

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| **Name:** | Click here to enter text. | **Staff ID:** | Enter Staff ID |
| **Position Title:** | Click here to enter text. | **HEW Level (Professional Staff):** | HEW Level |
| **School/ Centre:** | Click here to enter text. | **Aboriginal/Torres Strait Islander?** | Please Select |
| **Gender:** | Female  Male  Gender Diverse  Prefer not to say  Another term, please specify: Click or tap here to enter text. | | |

1. **Professional Development Activity Details & Fringe Benefits Tax (FBT) Assessment**

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| **Title of PD Activity:** | Click or tap here to enter text. | | | |
| **Provider:** | Click or tap here to enter text. | | | |
| **Description:** | Click or tap here to enter text. | | | |
| **Location:** | Click or tap here to enter text. | | | |
| **Start Date:** | Click or tap to enter a date. | **End date:** | Click or tap to enter a date. | |
| **FBT Assessment** | | | | |
| **Is your PD Activity *directly related* to your current ECU role?**  YES  NO – Skip questions 3a-ciii and select FBT Outcome as “FBT Likely”. | | | | |
| 1. will the funding request include non-travel meals or any recreation events as a separate additional cost? This includes optional extra meals and activities attached to conferences. | | | | Choose an item. |
| 1. is your PD Activity a breakfast/luncheon or similar, with non-technical agenda such as guest speaker discussing general life experiences or networking-only? | | | | Choose an item. |
| 1. **Answer question c only if** your PD activity relates to a University Degree/Unit or TAFE Certificate/Unit: | | | | |
| 1. is your PD Activity a university accredited **undergraduate** degree/unit? (if unsure ask Student Services) | | | | Choose an item. |
| 1. will the funding request include a Student **Services and Amenities Fee**? | | | | Choose an item. |
| 1. will the funding request be for **fees deferred** via a student loan such as HECS-HELP, FEE- HELP, VET etc? | | | | Choose an item. |
| **FBT Outcome**: If PD activity is not directly related to your current role, or any question in 3a-ciii is “Yes”, select “FBT Likely”. Otherwise select “FBT Unlikely”.  (Note if FBT Likely, you may not receive your full amount of funding requested as FBT reduces maximum award amount) | | | | Choose an item. |

1. **Funding Breakdown**

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| **Funding breakdown** | | |
| **Registration / Course Fee**: | Itemise if needed | $ Click here to enter text. |
| **Accommodation:** | Itemise if needed | $ Click here to enter text. |
| **Travel:** | Itemise if needed | $ Click here to enter text. |
| **Other:**  ***Please itemise other costs*** | Description  Click or tap here to enter text. | $ Click here to enter text. |
| **Total Funding requested:** | | $ Click here to enter text. |

1. **Motivation for your application:** *(Please use an additional page if more space is needed)*

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| 1. Explain (in 200 words or fewer) how this opportunity will support the achievement of your immediate and future career goals at ECU and supports your MPS development need. |
| Click or tap here to enter text. |
| 1. Explain (in 100 words or fewer) how this opportunity is aligned to university strategic and business needs? |
| Click or tap here to enter text. |

1. **Applicant’s signature:**

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| **As the applicant I confirm that:**  I have not and will not claim a personal income tax deduction for any costs that, if this application is successful, are reimbursed to me from ECU;  I have read and understood the ECU Professional Development Fund (PD Fund) Guide.  I have discussed how this will be managed based on my workload and work capacity.  *If FBT Outcome deemed unlikely*, I declare that the PD event listed in this application is **100% applicable** **for business purposes** and therefore under the “otherwise deductible” rule would have a taxable value of nil.  I understand by signing this application I agree to reimburse the University for all or part (pro rata) of the allocated PD Funding should I not attend and or complete the paid, approved PD activity as scheduled, within the prescribed timeframe or terminate my services from ECU within 12 months from completing the course.  I understand and agree that if my employment terminates within 12 months from completing the course the University can recover all or part (pro rata) of the allocated PD Funding from any final monies owed to me. |
| Enter name  Enter a date.  Name Signature Date |

1. **Line Manager and Relevant Line Executive Endorsement:**

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| **As the Direct Line Manager of the applicant I confirm that :**  I have reviewed the impact of the development opportunity on the applicant’s workload and believe the impact can be managed;  I have discussed how this development opportunity will be supported from a workload and capacity perspective.  The Professional Staff applicant has 12 months continuous service with ECU and has demonstrated satisfactory performance;  I have discussed the applicant’s performance and MPS (or, if out of cycle treated the request/suggestion accordingly) with him/her and the proposal is aligned with the MPS;  To the best of my knowledge, this development opportunity does not have a suitable equivalent that is offered at ECU;  This development opportunity is aligned to university strategic and business needs;  I have considered the cost benefit aspects of this PD opportunity;  In the event where the business area sponsored the opportunity I have considered proper financial procedures to be followed to recover financial losses; and  The information provided in this application (and where applicable the annexures) is correct. | |
| **Name:** | Click or tap here to enter text. |
| **Position Title:** | Click or tap here to enter text. |
| **School/**  **Professional Service:** | Click or tap here to enter text. |
| **Comments Required:** | *Please provide your recommendation and reflections on the merits of this application e.g. expected value-add after attendance:* |
| Enter name  Enter a date.  Name Signature Date | |
| **Line Executive (Director/Dean/Exec Dean) Endorsement** | |
| **Endorsed?** Choose an item.  **Comments:** Enter comments if required    Enter name  Enter a date.  Name Signature Date | |

**NB:** *Submit applications to:* [pdfund@ecu.edu.au](mailto:pdfund@ecu.edu.au)

**CONFERENCE APPLICATION: Annexure A**

If you are applying for funding to attend a conference, please complete the following table in order for you to submit the best possible motivation and assist the assessment of the application. This form should be completed and submitted together with your application form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Conference Level (√)  Local Conference  National Conference  International Conference** | | | |
| Who is hosting the conference? | Click or tap here to enter text. | What is the Vision/Objectives of the Conference? | Click or tap here to enter text. |
| Is the conference associated with an accreditation and or professional registration body? | Click or tap here to enter text. | How often is the conference hosted? | Click or tap here to enter text. |
| When last was the Conference hosted in Perth and or Australia? | Click or tap here to enter text. | Why are there no alternatives to this conference? | Click or tap here to enter text. |