# APPLICATION FOR PROFESSIONAL DEVELOPMENT

# Staff Member Details

|  |  |
| --- | --- |
| **University ID** |  |
| **Name** |  |
| **Portfolio:** |  |
| **Team** |  |
| **Position title:** |  |
| **Classification:** |  |
| **Date of appointment to current position:**  |  |
| **Appointment Type:** | Continuing / Fixed Term Fulltime / Part-time |

# Performance and Development Review (PDR)

|  |  |
| --- | --- |
| **Do you have a current Performance and Development Review (PDR)?**  | **Y / N** |
| If the answer is no, please provide a date that this when this will be completed: |  |
| **Is this professional development activity an agreed professional development activity referenced or directly relevant to your Performance and Development Review (PDR)?**  | **Y / N** |

# Details of Prior Professional Development Activity Undertaken

|  |  |
| --- | --- |
| Activity | Month/Year |
|  |  |
|  |  |
|  |  |

# Details of Proposed Professional Development Activity

Please provide a detailed summary of the proposed professional development activity, including specific information as to why this activity is relevant to your career and professional development and employment at ANU.

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**Proposed Itinerary and Costs**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Activity** |  **Place/location** |  **Dates** | **Hours out of the office** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Registration Fees / Training Costs Amount (eg 400.00)*

|  |  |  |
| --- | --- | --- |
|  1 |  |  $ |
|  2 |  |  $ |

*Membership or License Fees Amount (eg 400.00)*

|  |  |  |
| --- | --- | --- |
|  1 |  |  $ |
|  2 |  |  $ |

*Travel and Accommodation Costs (eg air fares, bus fares, hotel) – itemized Amount (eg 1,890.50)*

|  |  |  |
| --- | --- | --- |
|  1 |  |  $ |
|  2 |  |  $ |
|  3 |  |  $ |

*Meals and Incidentals Amount (eg 400.00)*

|  |  |
| --- | --- |
|  Maximum estimated charge to Corporate Credit Card |  $ |
|  OR Per diem Allowance |  $ |

* NOTE: If you have a corporate credit card, it is expected that this is utilised, rather than the payment of a per diem.
* If registration fees or accommodation include meals, deduct this meal from the amount payable.
* Per Diem rates and maximum eligible cost charged to the Corporate Credit Card are as advised by the Director, Facilities and Services and are currently capped at: Breakfast: $25.00, Lunch: $20.00, Dinner: $35.00

*Other related costs - itemised Amount (eg 400.00)*

|  |  |  |
| --- | --- | --- |
|  1 |  |  $ |
|  2 |  |  $ |

|  |  |
| --- | --- |
| **Total Cost of Proposal to the Division’s Professional Development Budget** | $ |
| Contribution from other sources, please specify: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature:** |  | **Date:** |  |

# Supervisor/Manager Support

Detailed supporting statement from supervisor (please attach additional documentation if necessary)

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| --- |
|  **I support the above application: YES / NO** |
| **Name:** |   | **Telephone:** |   |
| **Position:** |   |  |  |
| **Signature:** |  | **Date:** |  |

# Supporting Documentation

Please ensure that the following documentation is attached to this professional development application:

* FBT declaration form (see following page)
* Training or development activity outline or information
* Other supporting documentation

# Reviewed by Associate Director’s Support

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |   | **Telephone:** |   |
| **Position** |   |  |  |
| **Signature:** |  | **Date:** |  |

**Delegate Approval**

Delegate approval is required for any professional development that incurs a cost to the Division, and must be sought prior to registration to the activity or the submission of travel request forms.

|  |
| --- |
|  **I support the above application: YES / NO** |
| **Name:** |  Sylvia Mansell | **Telephone:** |  6125 9176 |
| **Position** |  Associate Director – Corporate |  |  |
| **Signature:** |  | **Date:** |  |

Comments (if required):

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Logo |  | F&BS 17/04/2014**Finance & Business Services, Building 10C**taxunit@anu.edu.auEnquiries:  (02)  6125 8734  |
|  |
| **No Private Use Declaration - Expense Payment Benefits** |
|  |
| This form is used to declare Fringe Benefits Tax (FBT) provide to an employee where the benefit was provided for business purposes only. |
|  |
| I, | (name of authorised person) | on behalf of The Australian National University |
| declare that the expense payment benefits, described below, and provided during the FBT year from **1 April 2019 to 31 March 2020** are payments or reimbursements of expenses which, under the "otherwise deductible" rule, would have a taxable value of nil. |
| As the reimbursements of these fees fully relate to work purposes, there will be no private use and thus, are 100% Otherwise Deductible. |
| The reimbursements/ payments were made to the following staff members: |
| **Employee Name** | **Type of Benefit***Include professional body membership payments, travel or accommodation costs, training registrations, etc. relating to your professional development application* |
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| *Show sufficient detail to enable identification of the relevant benefits e.g. name of employee(s) or class of employee and type of benefit. If this is insufficient room, please attach a separate sheet, signed by the delegate* |
|  |
| **Signature** |  |
| **Position** |  |
| **Uni ID Number** |  |
| **Date** |  |