# 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):

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| --- |
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| --- | --- | --- | --- | --- | --- |
| Logo | | | |  | F&BS 17/04/2014  **Finance & Business Services, Building 10C** [taxunit@anu.edu.au](mailto:taxunit@anu.edu.au) Enquiries:  (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** | |  | | | |