

## Academic Staff HDR Workload Support Scheme Application

To enable this electronic form, you must first **SAVE** it then **REOPEN** as a PDF file (it will not function properly when used in a browser window).

Please complete this application form and obtain the relevant authorisations as indicated. If you are enrolled in a CSU HDR, please also complete the Approved Format for Fringe Benefits Tax Form at the rear of this Application. When completing this form, please refer to the [Academic Staff Higher Degree by Research Workload Support Scheme Guidelines](#).

This Application is not an offer of a position within the Academic Staff HDR Workload Support Scheme. CSU will review all applications received before deciding, at its absolute discretion, whether to issue an offer (if any). Any placement will be subject to terms and conditions.

### 1. Applicant Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
ID number:	<input type="text"/>	Employment Status:	<input type="text"/>		
Position	<input type="text"/>			Date Commenced Employment:	<input type="text"/>
School/Centre/Division	<input type="text"/>	Faculty <select>	<input type="text"/>		
Campus:	<input type="text"/>	Work Function:	<input type="text"/>		

#### Do you plan to enrol in:

- a CSU HDR (please also complete **Approved Format for FBT** form)     a HDR with another institution

### 2. HDR Course Detail

Course	<input type="text"/>	Course Code	<input type="text"/>
School or Centre	<input type="text"/>	Faculty <select>	<input type="text"/>
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
		Total Number of Sessions completed to date:	<input type="text"/>
If external, please note the institution: <input type="text"/>			

### 3. Field of Research (FoR) Codes

Please indicate the Field of Research (FoR) code/s for your research:

Field of Research (FoR) Code:	<input type="text"/>	Name	<input type="text"/>
Field of Research (FoR) Code:	<input type="text"/>	Name	<input type="text"/>
Field of Research (FoR) Code:	<input type="text"/>	Name	<input type="text"/>

### 4. For Staff with a Candidature Already in Progress

Please scan and attach to this Application copies of transcripts and progress reports relating to your current candidature. Where a course conversion was the means of entry to your current HDR program, please also include the same information for that course of study.

## 5. Academic Qualifications

Degree or Diploma		Area / Major	Year Completed	University or Institution
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			

## 6. Employment Responsibilities

Please outline your responsibilities in your current position of employment:

Comments:

## 7. Justification for Request

Please provide a brief statement (max 400 words) outlining the reasons for requesting this support and the attributes you possess which will enable you to: 1) Complete the Degree; and 2) Engage in a productive research career and embed and disseminate findings through teaching and publications.

Comments:

## 8. Approvals and Authorisations

Please provide a brief description of your research topic outlining how your topic aligns with the University's Research Narrative?

Comments:

## 9. Approvals and Authorisations

**PLEASE NOTE:** This is an electronic form and requires the below authorisations in the order they appear. After each authorisation this report needs to be emailed to the next signatory by clicking the 'submit by email to next signatory' button and entering in the next recipient's email address. For any queries about this form please contact the [Research Office](#).

### Applicant:

I hereby provide application for the Academic Staff Higher Degree by Research Workload Support Scheme and

- attached supporting documentation as per 4 above
- have completed the Approved Format for Fringe Benefit Tax form, if applicable
- attached my curriculum vitae and copies of academic transcripts for qualifications referred to in Section 5
- read and understood the [Academic Staff Higher Degree by Research Workload Support Scheme Guidelines](#)

Name  Signature  Date:

### Head of School:

I endorse this recommendation and provide the following comments.

Comments:

Name  Signature  Date:

**Executive Dean of Faculty**

*I endorse this recommendation and provide the following comments.*

Comments:

Name	Signature	Date:
------	-----------	-------

# Approved Format for Fringe Benefit Tax, Residual Fringe Benefit, Recurring Benefit Declaration

*(To be completed if you are enrolling in a CSU HDR)*

I declare that the cost or part cost of tuition was provided to me by or on behalf of my employer during this period:

Start Date:  End Date:

and that the benefit was used for me for the purposes of **self-education which is required to earn a taxable income**.

I also declare that had I purchased the service or privilege etc for its market value, I would have been entitled to claim an income tax deduction equal to 100% of the purchase price.

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period up to 5 years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percent points. This declaration will also be revoked if another recurring residual fringe benefit declaration is provided in respect of a subsequent identical benefit.

Note: Identical benefits are ones which are the same in all respects, except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or that relate to a change in the deductible proportion of 10 percentage points or less.

Name  Staff ID number   
Signature  Date:

## **Research Office Use Only**

If approved email form to Finance for processing. Refer to procedure instructions.