

Indigenous Staff Study Support Scheme: Application Form

Approval is to be granted before any expenses are incurred

Applicant Details:

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Position Title:	<input type="text"/>	Campus:	<input type="text"/>
Faculty/Division:	<input type="text"/>	School/Section:	<input type="text"/>
Contact Number:	<input type="text"/>	Work Email:	<input type="text"/>

Are you currently employed at CSU in one of the following types of appointments?

Continuing

Fixed Term Appointment

Date you commenced employment at CSU?

Funding:

Are you currently receiving Away From Base (AFB) Funding for the same course/study?

Yes

No

If YES, is this funding through CSU or another University?
(Please provide name of Institution):

If NO, and you are not studying through CSU, please complete a [Statutory Declaration form](#), confirming you are not receiving AFB from another University and submit it with your application.

Study Details:

Please attach documentary evidence as proof of enrolment in this course/subject.

Course/Subject Title:	<input type="text"/>	Course/Subject Code:	<input type="text"/>
Course/Subject Duration:	<input type="text"/>	Training Provider:	<input type="text"/>

Provide a brief outline on how this study will contribute to your career progression:

Payment Request Details:

Type of support requested (e.g. fees, course material, etc.)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
	\$	<input type="text"/>

Authorisation:

Employee Name	Signature	Date

Supervisor Name	Signature	Date

(Without approval from your Supervisor, your application will not be approved for funding support)

Payment Options:

Payment method for any type of support should be discussed with the Indigenous Employment Coordinator (this will vary for each application), BEFORE any expenses are incurred.

All requests require documentary evidence, either a receipt for out of pocket expenses OR a tax invoice from the relevant organisation. Please indicate below:

- Out of pocket expense (Include copy of the receipt with your application) Tax Invoice to be paid (Include a copy of the tax invoice with your application).

Office use only - Application approval

- Approved for funding Not approved for funding

If not approved, reason:

Recommendation:

Indigenous Employment Coordinator	Signature	Date

Approval:

Manager, Diversity and Equity	Signature	Date

Account Code: A102-6510-63025-