**Further Study Application Form**

**FOR APPROVAL TO UNDERTAKE PROGRAMME OF STUDY**

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| **Section 1. To be Completed by the Applicant** | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | Job Title and Grade: | | | | | | | | |  | | | | | |
| Telephone No./ Ext | |  | | | Division/Department | | | | | | | | |  | | | | | |
| Do you meet the employee eligibility criteria regarding service (including post qualification criteria) | | | | | | | | | | Y □ | | | | | | N □ | | | |
| What Qualifications do you currently hold? | | | | |  | | | | | | | | | | | | | | |
| Have you previously received support from UL for Further Study? | | | | | Y □ | | | | | | | | N □ | | | | | | |
| If yes, please expand: | | | | | | | | | | | | | | |
| What is your Proposed Course? | | | | |  | | | | | | | | | | | | | | |
| Staff Number: | | | | | Student Number (if assigned): | | | | | | | | | | | | | | |
| How long will the full course last? | | |  | | | | What Qualification will you hold if successful? | | | | | | |  | | | | | |
| Commencement date of the course | | |  | | | | Which year of the course are you starting? | | | | | | |  | | | For which years have you previously been funded? | |  |
| Name and Address of Institute | | | | |  | | | | | | | | | | | | | | |
| Applicants departmental cost code | | | | |  | | | | | | | | | | | | | | |
| What study / course attendance time will you need to complete the course in the coming year? | | | | M | T | | | W | Th | | | F | | | Additional Comments | | | | |
| Full Day Release | | | |  |  | | |  |  | | |  | | |  | | | | |
| Half Day Release | | | |  |  | | |  |  | | |  | | |  | | | | |
| Evening Only | | | |  |  | | |  |  | | |  | | |  | | | | |
| Weekend Seminars | | | |  |  | | |  |  | | |  | | |  | | | | |
| Exam/study leave dates | | | |  | | | | | | | | | | |  | | | | |
| What is the |  | | | | | What | | | | |  | | | | What  payment is  due for the  current year? | | |  | |
| full amount of | payment is | | | | |  | | | |
| the | due for the | | | | |  | | | |
| programme | current year? | | | | |  | | | |
| (max that will |
| be paid for |
| programme |
| of study): |

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| **Course Suitability and Relevance** | | | | |
| Please give your reasons why you feel this course should be supported by the University of Limerick. For example, what difference will it make to your work? What benefit will it bring to the department/ division? Why have you chosen this particular course (please attach course outline)? What relevance would it have to current/future job? | | | | |
| **Courses Outside UL. Courses outside of UL will only be approved in exceptional cases. Please provide information below on why this course is necessary, and in line with business needs, and why it is not possible to complete an appropriate alternative course in UL.** Please attach further pages if required: | | | | |
| I have fulfilled all responsibilities of the University Procurement regulations. If supported, I commit to working with the University for a further two years beyond graduation. | | | | Y □  N □ |
| I understand that it is my responsibility to submit a form for approval for each subsequent year. | | | | Y □  N □ |
| In applying for sponsorship or financial assistance, I acknowledge any successful application is made pursuant to the terms and conditions set out in the Further Study Leave Policy and I duly grant the University authorisation and prior written consent (within the meaning of section 5 of the Payment of Wages Act,1991) to deduct sums due and owing from my wages for any claw back payments on a pro rata basis arising from failure to undertake the 24 month post qualification period. I acknowledge that nothing in this provision shall impact on any other legal rights of recourse available and reserved by the University in pursuing any such claw back payment that may fall due. | | | | |
| Signed: |  | Date: |  | |

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| **Section 2. To be completed by the Manager** | | |
| Please outline the relevance and importance of this programme to the applicant’s current job and/or their career development. (Please attach further pages if required). |  | |
| I confirm that I have discussed and agreed arrangements for the above named to undertake this course of study and that these arrangements will not have an adverse impact on the work of the Department / Division. | | Y □  N □ |
| I confirm that there are no performance issues. | | Y □  N □ |
| I confirm that any expenses associated with completion of this course will be dealt with separately and in line with University Travel and Subsistence policy. | | Y □  N □ |
| Manager’s Approval: |  | |

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| **Section 3a). To be Completed by the Head of Department and Dean for applicants in Academic Roles** | |
| Approved by Head of Department: | Date: |
| Approved by Dean: | Date: |
| If the overall financial commitment for the University exceeds €10,000, this requires further approval by the HR Director. | |
| Approved by HR Director (if > €10,000): | Date: |

OR

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| **Section 3b). To be Completed by the Head of Division for applicants in Support Roles** | |
| Approved by Head of Division: | Date: |
| If the overall financial commitment for the University exceeds €10,000, this requires further approval by the HR Director. | |
| Approved by HR Director (if > €10,000): | Date: |

OR

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| **Section 3c). To be Completed where applicant is a member of Executive Committee** | |
| Approved by President: | Date: |

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| **Section 4. To be Completed by Human Resources** | |
| Approved by Human Resources : | Date: |

Note: All approvals must be finalised before support can be confirmed.