**STUDY LEAVE AND FINANCIAL SUPPORT**

**(PROFESSIONAL SERVICES STAFF): APPLICATION FORM**

*For further information relating to Study Leave and Financial Support for support staff, please refer to:* [www.bristol.ac.uk/hr/policies/study.html](http://www.bristol.ac.uk/hr/policies/study.html)

**Part A: Study Leave and/or Financial Support Request** (to be completed by the employee)

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| Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| School/Division: | Click or tap here to enter text. |
| Line Manager: | Click or tap here to enter text. |
|  |
| **Details of proposed study:** |
| Name of course: Click or tap here to enter text.Location of study (eg. name of local college, distance learning etc)Click or tap here to enter text. |
| Will completion of this course/study lead to a qualification? [ ]  Yes [ ]  No*If yes, please provide qualification details, including accreditation to any relevant professional body*Click or tap here to enter text. |
| Please provide details of the proposed course/study providerClick or tap here to enter text. |
| Please provide details of duration of proposed study, including the start and expected end dates of the courseClick or tap here to enter text.Does this study require day release or part-day attendance at college? [ ]  Day release [ ]  Part-day [ ]  Neither*If applicable, please provide further details (including frequency of college attendance, how this will impact on your normal working pattern etc)*Click or tap here to enter text.Will you be required to complete formal examinations to complete the course? [ ]  Yes [ ]  No |
| Please provide details of the total cost of the proposed course£Enter amount.If the course is longer than one year, will future costs be incurred? [ ]  Yes [ ]  No*If yes, please provide details of future costs*Click or tap here to enter text. |
| **Benefits of the proposed study:** |
| How is this proposed part-time course/study relevant to your current role?Click or tap here to enter text. |
| Please provide details of how you believe the proposed course/study will improve your effectiveness in your School/Division and the performance of your School/DivisionClick or tap here to enter text. |
| **Impact of the proposal** *(please consider and answer the following questions in full)***:** |
| What would the potential impact be of undertaking this course on your work/the work of your School/Division, and how might these be addressed?Click or tap here to enter text. |
| What would the potential impact be on other members of your team and how might these be addressed?Click or tap here to enter text. |
| What would the potential impact be on your “customers” (eg students) and how might this be addressed?Click or tap here to enter text. |
| **Financial Support** *(please refer to the Flexible Working policy for details of circumstances when the University will provide financial support)* |
| If financial support is being sought please provide details below, including the cost of any course fees:Click or tap here to enter text. |
| **Other relevant information:** |
| Click or tap here to enter text. |
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| **Employee declaration:** |
| **If financial support for the above course/study is agreed*** I agree that if I leave the University within two years of completion of the above course, the University will recover the full cost of the course fees
* I agree that if I withdraw from the course prior to completion, the University reserves the right to recover the full course fees
* I have read and understand the Study Leave and Financial Support policy
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| Employee name: | Click or tap here to enter text. |
| Employee signature: |  | Date: | Enter date. |
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| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email |

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| **PLEASE FORWARD THIS FORM, ALONG WITH ANY RELEVANT COURSE/STUDY INFORMATION, TO YOUR SCHOOL/FACULTY MANAGER/DIVISIONAL HEAD** |

**Part B: Management Decision** (to be completed by the line manager following meeting with employee)

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| **Study Leave and/or Financial Support Request** |
| Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| School/Division: | Click or tap here to enter text. |
| Please refer to the [Study Leave and Financial Support policy](http://www.bristol.ac.uk/hr/policies/study.html) and consult your Faculty HR Manager/Faculty Manager/Head of School/Division as necessary/appropriate.  |
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| Date of meeting with employee: Enter date. |
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| **DECISION:** |
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| [ ]  Request APPROVED*Please provide details of arrangement including agreed level of financial support*Click or tap here to enter text. |
| [ ]  Request APPROVED with AMENDMENTS, as follows *Please provide details of all amendments, including agreed level of financial support*Click or tap here to enter text. |
| [ ]  Request DECLINED for the following reasonsClick or tap here to enter text. |
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| **If payment of course fees has been agreed** |
| Please insert the amount to be paid by the University:£Enter amount. |
| Line Manager name: | Click or tap here to enter text. |
| Line Manager signature: |  | Date: | Enter date. |
|  |
| [ ] Checking this box will be accepted instead of a signature if you are submitting this form via email |

*In cases where the Line Manager is different from the Head of School/Division/Faculty Manager:*

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| Head of School/Division/Faculty Manager name: | Click or tap here to enter text. |
| Head of School/Division/Faculty Manager signature: |  | Date: | Enter date. |
|  |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email |

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| **PLEASE FORWARD THIS FORM, ALONG WITH ANY RELEVANT COURSE/STUDY INFORMATION, TO YOUR FACULTY/PROFESSIONAL SERVICES HR MANAGER** |