

**Returning Carers' Scheme (RCS)** 

**APPLICATION FORM** 

SECTION A: PERS	SONAL DETAILS – To be completed by employee
Name:	
Job title:	
Gender:	
Pathway and level:	
School / Department:	
Faculty:	
Date of	
application:	
EQUALITY DATA M	IONITORING- PLEASE CHECK THIS BOX IF YOU GIVE YOUR PERMISSION FOR
THE EDI TEAM TO	OBTAIN YOUR DEMOGRAPHIC DATA FROM MYERP 🛛

It is voluntary to disclose the following information but doing so will enable us to better understand the experience of staff from different groups and to examine whether or not we are meeting everyone's needs.

All responses are anonymous, the information disclosed will be treated in the strictest confidence, and all data stewardship will comply with GDPR regulations.

## SECTION B: DETAILS OF LEAVE TAKEN – To be completed by employee

This can include, but is not restricted to:

- Adoption leave
- Career breaks for family reasons
- Leave to care for a dependant
- Maternity leave
- Parental leave
- Paternity leave

## This leave must be a continuous period of 16 weeks

<b>Reason for leave</b>	
taken:	
Start date of	
leave:	
End date of	
leave:	
Any additional	
information you	
wish to provide:	

SECTION C: REQUEST FOR SUPPORT – To be completed by employee (total text for Section C not to exceed two sides of A4). Please liaise with your Head of School, HRBP and Faculty Finance contact. Requests for funds should not normally exceed £10,000 in total. Applicants are advised to ensure their application covers the following points to demonstrate to the panel how their application meets the remit of the fund:

- 1. Outline the impact taking the leave has had on your career trajectory in the short or long term
- 2. Outline any barriers you have faced as you returned to work, or longer-term impact
- 3. Detail how the funded activity you are asking for will help you overcome these barriers and difficulties
- 4. It is helpful to include information on why this activity is or cannot be funded by your current source of funds
- 5. Briefly outline your plans for the coming few years, and how this activity will support your career development
- 6. Be as specific as you can about outcomes from this award (publications, future grant applications, a unique skillset etc.) and how they will support your career plans.

Ρ	lease note:	this	scheme i	s not a	brid	ging	fund	between	fund	ing contracts.	

Impact of leave	
taken on	
research	
activity/outputs:	

Level and nature of funding requested:	Please provide total sum plus an itemised list of precise costs and nature of the support that this funding will cover, <b>including the financial year/s during which the expenditure will fall</b> . <sup>1</sup>
Reason(s) for funding request:	Please set out how the funding requested will mitigate the impact that the time out of the workplace has had on your research activity and support the further development of your career as a researcher. Please include details of the research outputs/activity that will result from this funding.

SECTION D:	STATEMENT OF SUPPORT	– To be com	nleted by	the Head of School
JECHON D.	STATEMENT OF SOLLON		picted by	the field of School

Please provide confirmation that the proposal fits with Faculty/University research priorities and that the funding will result in a positive contribution towards the research portfolio of the School, as well as any other information that you deem relevant to this application. Please also consult with HRBPs and Finance Business Partners before confirming the endorsement.

Name of Head of School:			
Signed:		Date:	
Checking this box	will be accepted instead of a signature if you are sub	omitting this form via	email

## SECTION E: CONFIRMATION – To be filled in by the Faculty HR Business Partner

Please provide confirmation that that all dates, costs, salary, and financial year information is provided and commensurate with the details of the proposal (via liaison with Finance and Payroll as required) and that all sections of the form have been completed and are accurate (including the details of leave taken). Please include any amendments that need to be made prior to the proposal being given final consideration.

Name of Faculty HR Business Partner:		
Signed:	Date:	

<sup>1</sup> Please note that the University financial year begins on 1<sup>st</sup> August.

Checking this box will be accepted instead of a signature if you are submitting this form via email Please tick this box to confirm the application meets the criteria of the scheme

## HRBP to send completed form to Shaun Yardy (<u>ve18861@bristol.ac.uk</u>) to obtain a charge code

	RETURNING CARERS SCHEME APPLICATION DECISION
Charge Code:	

Once completed, HRBP to inform applicant of outcome and send them the completed form, copying in edi-team@bristol.ac.uk and the Finance BP

-	f successful, you will be required to produce a one-page report on your use of the funds to edi- eam@bristol.ac.uk within 12 months of receipt of the funds. This will detail:
	<ul> <li>Any research outputs, as evidenced by publications, presentation of papers, development of collaborations or submission of grant proposals.</li> <li>Any career development, as evidenced by attendance at conferences or participation in training or development.</li> <li>Any other identified benefits to your career</li> </ul>
	eeli Equity. Diversity and Inclusion Team