

Application Form For Financial Support in Pursuit of Formal Academic Study

NON NURSING STAFF ONLY

*Formal Academic Study
has been defined as*

*'A Part-time third level
course of study that runs
for a duration of a
minimum of One
Academic Year'*

Completed Application forms should be returned to:
Learning & Development Department, Unit 2, Loughmore Avenue, Raheen
Business Park, Dooradoyle Limerick, V94P7X9

NB: Applications for funding will only be considered at least 3 months in advance of the programme commencing and must be made for each year of the programme

4. Section Four – Details of Proposed Course of Study contd.

4.7 What are the main objectives of the course?

-
-
-
-
-

4.8 List Course Modules

-
-
-
-
-
-

4.9 Course Fees

€ in total

Per year

Year One : €

Year Two : €

Year Three : €

Year Four : €

Please Attach Programme Outline from Education Institution and evidence of cost of programme

4.10 Consider Attendance Time Commitment (Year One) - Outline Weekly Course Attendance Time

Day of the Week

From (time)

Until (time)

4.11 Will there be a requirement to take time off to attend classes/seminars?

Yes

No

If yes, please give details:

4.12 What alternative courses of study have been considered? Why has the decision been taken to proceed with this course – why is it considered the most appropriate option?

5. Section Five – Learning Contract

5.1 How does this course integrate with a) the current role objectives and b) the career aspirations, as outlined in section 2.3 and 2.4.

Current Role Objectives:

Career Aspirations:

5.2 What do you expect to gain personally from this course?

5.3 Do you have a Personal Development Plan? Is yes, how does this course fit in with your PDP?

5. Section Five – Learning Contract contd.

5.4 What contribution will this course make specifically to the immediate work area?

5.5 Suggest how learning from this course may be applied to a specific service development/improvement initiative.

6. Section Six – Decision By Line Manager

6.1 Is this application being supported and recommended by the line manager?

Yes

No

6.2 If no, please state the reasons and alternative actions to be taken:

6.3 If yes, please proceed to complete Section Seven

7. Section Seven – Agreement on Recommended Support and Learning Contract

We (the line manager and applicant) agree and propose the following. We understand that the details below are **proposed** only and must be signed off at a higher level.

7.1 Amount of Fees to be paid :	
7.2 Agreed Study Leave	
Number of Days (Year One)	Estimated Date to be taken (Month)
7.3 Agreed Exam Leave per exam	
<i>Note, if two or more exams fall on the same day, only one exam leave day will be allocated Exam leave is given as it falls on Applicants Rostered Days at work</i>	
7.4 Agreed time off to attend course/seminars (Please complete and tick one box only)	
Number of Days/Hours	Every (e.g. week, month)
If possible the individual will be rostered so that they are not working these times	<input type="checkbox"/>
The individual will be given the time off to attend this course	<input type="checkbox"/>
7.5 We agree to meet every _____ weeks to discuss progress, explore how learning can be further shared and discuss support required.	

7. Section Seven – Agreement on Recommended Support and Learning Contract contd

7.6 APPLICANTS DECLARATION –

It is imperative that this section is completed in full otherwise the paperwork will be returned

I agree with the above. I understand that proposed leave entitlements (as outlined above) will be subject to staffing demands at the time. I further agree that if I leave the University Hospital Limerick Group area either during or within ** [12/24 – delete as appropriate see note below] months of completing the course, I must repay 50% of the fees paid for me in respect of this course.

Signed: _____ Date: _____

(APPLICANTS SIGNATURE)

****The above service commitment is dependent on the duration of the programme i.e. If the programme is over 1 year then the service commitment is 12 months post completion and if 2 years its 24 months post completion.**

7.7 LINE MANAGER DECLARATION

I have held a discussion with _____ about this application.

I fully support and recommend this application (based on the terms outlined above).

Signed: _____ Date: _____

(LINE MANAGERS SIGNATURE)

Line Manager Comments (optional)

7.8 DIRECTORATE MANAGER APPROVAL/SIGN OFF

As Directorate Manager I fully support this Application **YES** **NO**

(please tick as appropriate)

If Not Approving please state the reasons and alternative actions to be taken. Return for discussion with Line Manager who should then discuss with the Applicant themselves.

Signed: _____ Date: _____

(DIRECTORATE MANAGERS SIGNATURE/DELEGATED OFFICER)

7.9 FOR OFFICE USE ONLY

LEARNING & DEVELOPMENT DEPARTMENT UHL

Name & Address of Applicant :

Personnel Number :

File Reference:

Application & Service Commitment fully completed

YES

NO

Letter Issued to Applicant/CC Line Manager & Directorate Manager. **This letter also includes the Letter for the University confirming payment of Fees**

YES

NO

Signature of Learning & Development Manager/ Designated Officer :

Date

FOR OFFICE USE ONLY

Amount paid to University on Applicants behalf

€

Evidence of Successful completion/Certification obtained from Applicant by L&D Department

YES

NO

Any Additional Comments :