

CONFERENCE LEAVE, EDUCATION & TRAINING APPLICATION FORM

Applications MUST be received no later than 6 WEEKS prior to your requested leave
LATE APPLICATIONS WILL NOT BE ASSESSED
NO BOOKINGS ARE TO BE MADE UNTIL FINAL APPROVAL IS GIVEN

SECTION 1: EMPLOYEE DETAILS

Christian Name:	Surname:
Email Address:	@rch.org.au
Position:	Staff ID:
Department:	Division:
Duration of Employment:	Contracted Hours:

SECTION 2: CONFERENCE/EDUCATION/TRAINING WITHIN AUSTRALIA

Conference Title:		
Conference Location:		
Conference Dates:	Start Date: / /	Finish Date: / /
Conference Website:	http://www.	

Requested Leave Period:	Start Date: / /	Finish Date: / /
Hours of Leave Applying For:		

SECTION 3: REASON FOR CONFERENCE ATTENDANCE *(Please Circle)*

1	Are you applying for attendance only	Yes	No
2	Are you submitting a poster/abstract*	Yes	No
3	Are you presenting at the conference*	Yes	No
4	Have you been invited to give a presentation*	Yes	No

* Please attach copy of poster/abstract/letter of invitation

Will your attendance at this conference:

1	Benefit your professional development	Yes	No
2	Support evidence based practice at RCH	Yes	No
3	Enhance the clinical practice of you and your colleagues	Yes	No
4	Promote excellence of nursing practice nationally	Yes	No

Please provide **BRIEF** details of items to which you replied "Yes".

(Please attach conference/course outline)

SECTION 4: FUNDING BEING SOUGHT *(Please Circle)*

Registration/Education/Training Course Fee:	Yes	No	Cost: \$
Travel Costs:	Yes	No	Cost: \$
Accommodation Costs:	Yes	No	Cost: \$
TOTAL COSTS			Total \$

SECTION 5: STAFF DECLARATION

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in the withdrawal of approved Conference/Education and Training Leave.

I also declare that on my return, within one month, I will present a written report to the Executive Director of Nursing and am prepared to present my findings to my colleagues if so requested.

Name: _____ Signature: _____ Date: / /

Report on Conference/Education/Training will be provided to Executive Director, Nursing

Services: _____ Date: / /

No later than 1 month post Attendance: _____ Name

SECTION 6: APPROVAL PROCESS

Direct Line-Manager Approval

Please provide a BRIEF outline in support of application and advise process of staff coverage

Attach a copy of the Professional Development Plan from current PDA where attendance was identified

Name: _____ Signature: _____ Date: / /

Divisional Director Approval

Please comment on application and authorise

Name: _____ Signature: _____ Date: / /

Executive Director – Nursing Services Approval

Application Approved: Application Rejected:

EDON Signature: _____ Date: / /

OFFICE USE ONLY

Recorded in staff support conference/education and training log: Staff member notified:
 Direct line Manager Notified Copy sent to HR file:

Processed by: _____ Date: _____