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| **FEE SUPPORT POLICY FOR STAFF PURSUING PROFESSIONAL QUALIFICATIONS OUTSIDE TU DUBLIN** |

**APPLICATION FOR CONTINUATION OF FUNDING**

**Before completing this application form you are required to read the full details of the** [**Fee Support Policy**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.tudublin.ie%2Fmedia%2Fwebsite%2Ffor-staff%2Fhuman-resources%2Fpeople-dev%2Fprof-dev%2Fdocuments%2FFee-Support-Policy-for-TU-Dublin-Employees.docx&wdOrigin=BROWSELINK) **and** [**Fee Support Procedure**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.tudublin.ie%2Fmedia%2Fwebsite%2Ffor-staff%2Fhuman-resources%2Fpeople-dev%2Fprof-dev%2Fdocuments%2FFee-Support-Procedure-for-TU-Dublin-Employees.docx&wdOrigin=BROWSELINK)**. Please sign the undertaking in Section 4. below confirming that you have read, accept and agree to comply with all of the conditions of the Fee Support Policy and Procedure. A separate application form must be completed for each year of the Course.**

**Please return your application to peopledevelopment@tudublin.ie**

**Closing Date for receipt of completed application forms: 10th September at 17.00**

**PLEASE COMPLETE IN BLOCK CAPITALS**

1. ***Personal Details***

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| Name: | Staff Number\*: *\*(as per Payslip)* |
| Dept./School: | College/Directorate: |
| Telephone: | Email: |
| Job Title / Grade:  |  |
| **CURRENT EMPLOYMENT STATUS (***please complete as appropriate***)** |
| Permanent Wholetime *(Date commenced)* |  |
| Permanent Part-time *(Date commenced)* |  |
| CID Contract Wholetime *(Date Commenced)* |  |
| CID Contract Part-time*(Date Commenced)* |  |
| Fixed Term Wholetime *(Contract Dates)* |  |
| Fixed Term Part-time *(Contract Dates)* |  |
| Specified Purpose Wholetime *(No of Contract Hrs per wk)* |  |
| Specified Purpose Part-time *(No of Contract Hrs per wk)* |  |

***2. Details of Professional Qualifications to which this application refers:-***

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| --- | --- |
| **Name and address of Institution:** |  |
| **Title of Qualification:** |  |
| **Length of Course/Programme** **(e.g. 3 years/4 Semesters):** |  |
| **Stage/Year of course for which support is requested (e.g. Year1/Semester1):** |  |
| **Please provide/attach evidence of satisfactory progress/achievements on the programme in the previous year. The assessment of progress can be based on a report from the Institute which includes a review of a Programme Panel Report or a review of actual examination results. This must be included with the Continuation of Funding Application Form.** |  |

***3. Fee Details:-***

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| --- | --- | --- | --- |
| **Tuition Fees Per year: Euro €****If other currency – please specify** |  | **Period Covered** **(e.g. 2020/2021)** |  |
| **Examination Fees: Euro €****If other currency – please specify** |  | **Period Covered** |  |

**(Refunds will be payable on successful completion of each year/semester of the programme and on submission of completed application for payment of approved funding (Form Ref: FS3) together with receipts or evidence of fees paid)**

***4. Declaration:-***

1. I wish to apply for fee support for the continuation of my studies towards the above professional qualification.
2. I confirm that these fees will not be recouped from any other employer or source ***or***I am in receipt of partial support from another employer or source and I have attached documentary details *(Delete as appropriate) (Ref: 6.3(b) of Fee Support Policy)*
3. I confirm that I have read the Fee Support Policy and Procedures and that I have noted the conditions and criteria set.
4. I certify that I will comply with all of the conditions of the Policy and Procedures.
5. I agree with the requirement for the repayment of fees under section 6.3 *(d & e)* of the Fee Support Policy should I leave TU Dublin.

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| **Signed*****(original signature required)*** |  | **Date** |  |

***5. Recommendation of Line Manager:-***

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| ***Delete as appropriate***I support this application / I do not support this application ***(delete as appropriate)*** for the following reasons: *Note* : the rationale for supporting this application should align with individual, operational or strategic development needs. |
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| Signed:***(original signature required)*** |  | Name in Block Capitals: |  |
| Position in TU Dublin: |  | Date: |  |

***6. For Office Use Only - Decision of Evaluation Panel:-***

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| ***If Application Approved:*** |
| Level of Support approved (tick as appropriate) : | 100%  | \_\_\_\_% (amount if less than 100%)  |
| ***If Application not Approved:*** |
| Any comments or recommendations:  |
| **Signature of the Chairperson of the Evaluation Panel:** I confirm the above decision of the Evaluation Panel Signature:  |
| Name in Block Capitals: |  | Date:  |  |

***7. For Office Use Only:-***

**Notification Details**

Date notified of decision of Evaluation Panel by letter or e-mail (delete as appropriate) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details**

Amount of Refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of issue of payment: \_\_\_\_\_\_\_\_

**Notes:**