|  |
| --- |
| C:\Users\239430f\Documents\MasterBrandLogo_RGB.jpg**Academic Carer Support Scheme**  **Application Form** |
|  |
| **Purpose:** The purpose of the Academic Carer Support Scheme is to provide financial assistance to enable academics, particularly early- and mid-career, who have carer responsibilities (for dependent child/children or dependent relative/s) or who require a carer themselves, to participate in activities that significantly contribute to their career development.  **Eligibility:**   * Academic staff (Full-time or part-time; continuing or fixed-term and including Postdoctoral Fellows)\* * Carer of a dependent child/children or of a dependent relative or in need of a carer themselves, and require alternative care costs where existing care arrangements are not available and alternative care is required for the academic staff member to participate in the activity * Participation in a significant Learning and Teaching or Research activity aligned with your career development plan * Have achieved satisfactory work performance as evidenced by their Performance and Career Plan (PCP)   **N.B.: Applicants cannot reapply in the same calendar year if they have received the full allocation.**  **Application:**  **This form should be completed** and sent with supporting documentation to [**GenderEquityandInclusion@curtin.edu.au**](mailto:GenderEquityandInclusion@curtin.edu.au) for assessment. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff member details: | | | | | |
| **Title:** |  | | | **Staff ID:** | |
| **Family name:** |  | | | **Phone:** | |
| **Given names:** |  | | | | |
| **Email address:** |  | | | | |
| **Faculty/Area:** |  | | | | |
| **School/Centre/Institute:** |  | | | | |
| **Current position title and fraction:** |  | | |  | |
| **Current employment type:** | ¨ Continuing | ¨ Fixed term (Contract ends \_\_\_\_ /\_\_\_\_ /\_\_\_\_) | | | |
| **Previous funding granted under this scheme:** | Dates: | |  | |  |

|  |  |
| --- | --- |
| Proposed development activity details:*N.B.* Applicants can submit for an event or for a projected program of events/activity across a calendar year | |
| **Title of event/s:** |  |
| **Date/s of event/s:** |  |
| **Location of event/s:** |  |
| **Event description/details/URL:** |  |

|  |  |
| --- | --- |
| Your role: | |
| Please provide details of your role at the event/s and attach evidence of involvement and support (for each) from your Line Manager: | |
|  | |
| Carer support detail/s: | |
| **Name/s** |  |
| **Age/s** |  |
| **Care/support required:**  **Please provide details of the following and include supporting documentation where appropriate:**   1. **Existing care arrangements** 2. **Consideration of other possible care arrangements** 3. **Why proposed alternative care arrangements are necessary** | |

|  |
| --- |
| Funding requested: |
| **Amount of funds requested $** |
| Please provide details of specific amounts and purposes for funding, and include supporting documentation (this may be an attachment): |
| Cost Centre for Payment of Approved Funds: |
| If this funding is for travel costs, did you book your travel or do you intend to book your travel through Curtin Travel Operations?  YES o NO |
| Please provide the reason if you did not use Curtin Travel Operations: |

|  |  |
| --- | --- |
| Applicant declaration:  * **The information contained in this form and attached documentation is correct and the funding will be used for the specific purposes stated above** * **I understand that if the costs of the care provision exceed the approved financial support provided by Curtin, I will bear the excess costs myself.** * **I understand that if the approved funds are paid into my nominated bank account as part of my salary, they will therefore be subject to taxation.** * I agree to provide a short report to [GenderEquityandInclusion@curtin.edu.au](mailto:GenderEquityandInclusion@curtin.edu.au) at the year close detailing (with evidence) how the funds were expended. Discrepancies should be accounted for, and unused funds repaid. * **In the event of a cancellation for any reason, I will refund the funding** (less justifiable cancellation charges, if applicable) **to Curtin within four weeks of the date of the event.** | |
| ****Staff member signature:**** | **Date:** |

|  |  |  |
| --- | --- | --- |
|  | |  |
| Line Manager’s recommendation:I certify that the applicant’s attendance at all of the conference/workshop/symposium/fieldwork activity(s) is supported and approved by the School/Faculty/Area. | | |
| **Family name:** |  | |
| **Given names:** |  | |
| **Faculty/Area:** |  | |
| **School/Centre/Institute:** |  | |
| **Completion of current PCP** |  YES o NO | |
| **Assessment of performance is satisfactory** |  YES o NO | |
| **Detail how the event will contribute to the applicant’s career:** | | |
| ****Line Manager signature:**** | | **Date:** |

|  |  |
| --- | --- |
| Panel decision: I certify that the **Academic** **Carer Support Fund Panel** has assessed this application for funds, and that:  ¨ Funds are approved as requested  ¨ Partial funding is approved, being $\_\_\_\_\_\_\_, for the following reasons:  ¨ Funding is not approved for the following reasons:  ****Name:**** | |
| ****Signature:**** | ****Date:**** |