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| C:\Users\239430f\Documents\MasterBrandLogo_RGB.jpg**Academic Carer Support Scheme** **Application Form** |
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| **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** for assessment. |

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| 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: |  |  |

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| 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:** |  |

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| 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:      |
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| 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**

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| 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:  |

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| 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 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.**
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| ****Staff member signature:**** | **Date:**       |

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| 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:**       |

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| 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:**** |