

PART A – EMPLOYEE COURSE DETAILS (COMPLETE BY EMPLOYEE)		
Employee Number		
Name		
Position		
Department		
Branch		
Permanent employee or employed on a fixed term contract of 3 years or longer		<input type="checkbox"/> Yes <input type="checkbox"/> No
STUDY ASSISTANCE CATEGORY (SELECT FROM THE BELOW TABLE WHICH CATEGORY APPLIES)		
Category	Definition	Level of Assistance
Highly Desirable	<p>This Study Assistance is for the study or professional development as it is one or more of the following:</p> <p>Select from below which of these apply:</p> <ul style="list-style-type: none"> <li>▪ The most cost effective method of developing skills and knowledge of direct relevance to the employee's current and/or changing job role, and which will provide a direct and immediate advantage to the work unit</li> <li>▪ Specific assistance to the department in meeting its corporate objectives and outcomes</li> <li>▪ Provides skills which are assessed as being highly desirable in the work area and there is a general need for such skills.</li> </ul>	<p>I acknowledge the level of assistance is as per the below:</p> <ul style="list-style-type: none"> <li>▪ Up to 90%, maximum of \$2000 per financial year</li> <li>▪ Council will be flexible with scheduling of RDO and annual leave requests.</li> <li>▪ A maximum of up to five (5) hours paid leave per week (including travel time) for attendance at lectures and/or compulsory practical training during working hours will be available.</li> </ul>
Desirable	<p>This Study Assistance is for the study or professional development as it is one or more of the following:</p> <p>Select from below which of these apply:</p> <ul style="list-style-type: none"> <li>▪ Developing personal skills for general application and future job roles within local government</li> <li>▪ Provides skills that may assist the employee to perform their work but there is already an abundance of the skills available (i.e. not critical to the work unit).</li> </ul>	<p>I acknowledge the level of assistance is as per the below:</p> <ul style="list-style-type: none"> <li>▪ Up to 50%, maximum of \$2000 per financial year</li> <li>▪ Council will be flexible with scheduling of RDO and annual leave requests.</li> <li>▪ A maximum of up to three (3) hours paid leave per week (including travel time) for attendance at lectures and/or compulsory practical training during working hours will be available.</li> </ul>

STUDY DETAILS			
Qualification, Membership or Course Title			
Subject or Module Details			
Name of Training Provider			
Council's total cost of the study assistance requested in the financial year (July to June) is		\$	
Course Commencement date (if known)		□□ / □□ / □□□□	
Course completion date (if known)		□□ / □□ / □□□□	
Volume and frequency of study leave that you might require over the next 12 months			
PART B – DEPARTMENTAL APPROVAL			
In my opinion the above course of study is: <ul style="list-style-type: none"> <li>▪ Relevant to this employee's current role; and/or</li> <li>▪ Relevant to this employee's career path at Ipswich City Council</li> <li>▪ I approve the selected Study Assistance Category and reimbursement of fees relating to this category as indicated in the Study Assistance Administrative Directive</li> <li>▪ I approve of study leave as outlined in the Study Assistance Administrative Directive</li> </ul>			
BUDGET CODE FOR FINANCE (NOTE: If this is Government Funded there may be no/min cost)			
RECOMMENDED BY			
Name of Supervisor (if applicable)			
Supervisor Signature		Date	□□ / □□ / □□□□
Name of Branch Manager			
Branch Manager Signature		Date	□□ / □□ / □□□□
APPROVED BY			
Name of General Manager			
General Manager Signature		Date	□□ / □□ / □□□□
PART C – EMPLOYEE DECLARATION (COMPLETE BY EMPLOYEE)			
By claiming study assistance, I agree to: <ul style="list-style-type: none"> <li>▪ Discussing planned study arrangements where Council assistance is being sought with my supervisor</li> <li>▪ Acknowledge that financial payment is conditional upon passing the subject/s undertaken and/or meeting the requirements of the educational institution during the semester/year</li> <li>▪ If I resign from Council's service within two months of course completion I may be required to refund the financial assistance received.</li> </ul>			
Employee Signature		Date	□□ / □□ / □□□□

IF CLAIMING REIMBURSEMENT (IF CLAIMING FEES, ALSO COMPLETE AND SUBMIT A DIRECT PAYMENT FORM)			
Official receipts attached (if claiming fees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of results/certificate will be forwarded at the end of each semester	<input type="checkbox"/> Yes <input type="checkbox"/> No
All details on form completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> <li>I can confirm that I have paid the fees to the tertiary institute as evidenced by the original receipt</li> <li>In accordance with the Reimbursement section of the Study Assistance Procedure, I confirm that I have not deferred payment to a higher education contribution scheme such as HECS/HELP</li> <li>I agree to abide by the terms and conditions of the Study Assistance Administrative Directive</li> </ul>			
Employee Signature		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PART D – COMPLETED BY THE ORGANISATIONAL DEVELOPMENT TEAM			
Application for Study Assistance received on		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Direct Payment Request received on		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Direct Payment Request and documentation sent to Payment Services Team on		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	I certify that all details are completed and all information provided complies with the Study Assistance Administrative Directive		
Name of Organisational Development Representative			
Position			
Employee Signature		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Last reviewed September 2021