**Further Study Application Form**

**Approval of Payment for Subsequent Years**

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| **Section 1. To be Completed by the Applicant** |
| Full Name |  | Job Title and Grade |  |
| Telephone No./ Ext |  | Division/Department |  |
| Does your contract extend for two years beyond graduation?  | Y □ | N □ |
| Please confirm current course of study |  |
| Staff Number: | Student Number/ Application Number: |
| Commencement date of the course |  | Which year of the course are you starting? |  | For which years have you previously been funded? |  |
| Name and Address of Institute |  |
| What is the |  | Pleaseconfirm the cumulativeamount paidto date in anypreviousyears: |  | What |  |
| full amount of | payment is |
| the | due for the |
| programme | current year? |
| (max that will |
| be paid for |
| programme |
| of study): |
| I have fulfilled all responsibilities of the University Procurement regulations. If supported, I commit to working with the University for a further two years beyond graduation.  | Y □N □ |
| In applying for sponsorship or financial assistance, I acknowledge any successful application is made pursuant to the terms and conditions set out in the Further Study Leave Policy and I duly grant the University authorisation and prior written consent (within the meaning of section 5 of the Payment of Wages Act,1991) to deduct sums due and owing from my wages for any claw back payments on a pro rata basis arising from failure to undertake the 24 month post qualification period. I acknowledge that nothing in this provision shall impact on any other legal rights of recourse available and reserved by the University in pursuing any such claw back payment that may fall due. | Y □N □ |
| Signed: | Date: |

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| **Section 2. To be completed by the Manager** |
| I confirm that I have viewed satisfactory evidence of progress on this programme.  | Y □N □ |
| I confirm that I have discussed and agreed ongoing arrangements for the above named to undertake this course of study and that these arrangements will not have an adverse impact on the work of the Department / Division. | Y □N □ |
| I confirm that any expenses associated with completion of this course will be dealt with separately and in line with University Travel and Subsistence policy. | Y □N □ |
| Managers’ Approval: |  |
| Cost Centre : |  |

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| **Section 3a). To be Completed by the Head of Department and Dean for applicants in Academic Roles** |
| Approved by Head of Department: | Date: |
| Approved by Dean: | Date: |
| If the overall financial commitment for the University exceeds €10,000, this requires further approval by the HR Director. |
| Approved by HR Director (if > €10,000): | Date: |

OR

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| **Section 3b). To be Completed by the Head of Division for applicants in Support Roles** |
| Approved by Head of Division: | Date: |
| If the overall financial commitment for the University exceeds €10,000, this requires further approval by the HR Director. |
| Approved by HR Director (if > €10,000): | Date: |

OR

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| **Section 3c). To be Completed where applicant is a member of Executive Committee** |
| Approved by President: | Date: |

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| **Section 4. To be Completed by Human Resources** |
| Approved by Human Resources : | Date: |

Note: All approvals must be finalised before support can be confirmed.