



FACULTY OF EDUCATION ACADEMIC STAFF
Application for Conference Funding and Leave

This form must be fully completed and submitted for approval BEFORE any travel arrangements are made. Once travel has been approved please complete a University Travel Absence Form located at http://staff.uow.edu.au/personnel/forms/all_travel_absence.html

NAME: _____

SUPERVISOR'S NAME: _____

NAME OF CONFERENCE: _____

LOCATION: _____

LEAVE DETAILS:

First Day : _____ Last Day: _____ Total Days: _____

Please indicate which of the criteria below will be met by attendance at the conference and how:

- Publication of papers in scholarly academic journals, refereed conference proceedings, edited books and books
- Significant networking opportunities that can lead to future research collaborations including grant applications, publications, and relationships between the Faculty and international partners that enrich the research culture of the Faculty;
- Dissemination of results at conference that improves the research and/or professional profile of the staff member;
- Professional duties in relation to conference (eg executive member of research association, chair of special interest group)
- Other

Expected Outcomes (please be specific - e.g. refereed conf proceedings, targeting a journal for publication etc. If not indicated on 3 year research plan please explain why not)

Budget (Please specify what funds will be used for)

Outcomes from conference(s) funded in previous years and not so far reported on

Signature:**Date:**

Supervisor checklist:

- Application meets criteria for funding
- All responsibilities have been covered as per final page
- Conference fits with 3 year plan
- Conference not indicated on 3 year plan but will have other benefits
- Satisfactory outcomes from previous conferences

Comments

Supervisor's Signature:**Date:**

Dean's Approval.....**Date:**

If during Session Time please complete the tables and ensure all parties sign the appropriate boxes.

Subject Numbers	Arrangements	Signatures of all parties where applicable

If during Exam/Grade Submission Period:

Subject Numbers	Arrangements	Signatures of all parties where applicable

If during Practicum:

School/Student(s)	Arrangements	Signatures of all parties where applicable

My governance / representative responsibilities are:

Responsibility	Arrangements	Signatures of all parties where applicable

My supervision responsibilities:

Student Name	Arrangements	Signatures of all parties where applicable

Where you plan to be off campus for an extended period of time, please indicate if you have lodged temporary contact details with the Dean's Unit. Yes / No

(Please ensure your permanent contact details, held by the Dean's Unit are always up-to-date.)