UNIVERSITY STAFF AWARD APPLICATION FORM

This form is designed for staff at the University of Oxford who are applying to their department for funding under the University Staff Award scheme. For further information about this scheme, please contact your department in the first instance. Please ensure that you have read the relevant guidance carefully before submitting an application for funding.

Information about fee rates for your course may be found on the University website: <http://www.ox.ac.uk/students/fees-funding/fees/rates>.

Once the form is completed, it should be returned to your Graduate Studies Officer for review at the following address: [graduate@paediatrics.ox.ac.uk](mailto:graduate@paediatrics.ox.ac.uk)

Generic Copies of this form are available on the Paediatrics intranet (https://www.paediatrics.ox.ac.uk/ ).

The University of Oxford is the data controller for the data you provide in this form, the University's policy on data protection is available here:

<http://www.admin.ox.ac.uk/councilsec/compliance/gdpr/privacynotices/>.

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| SECTION 1 - About You | |
| Full Name |  |
| Job Title |  |
| Employing Department |  |
| Research Group |  |
| Contact Email |  |
| Contact Number |  |

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| SECTION 2 - About Your Course | |
| Course Title |  |

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| Department Running the Course |  |
| Course Start Term (e.g. Michaelmas 2021) |  |
| Course Duration |  |
| Full Time or Part Time |  |
| Current Year Course Fee |  |
| Estimated Total Fee for Length of  Course (fees will usually increase by between 4 and 6% per year) |  |

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| SECTION 3 - Funding Request | |
| The maximum amount you can request is equal to 80% of your course fees this offer cannot be used in conjunction with any other studentship or stipend, except by special arrangement. Students are advised to consider the outcome of other funding applications & award programs before moving forward with an offer from this staff award. | |
| % of Annual Course Fee Requested In This Year |  |
| % of Annual Course Fee Requested in Subsequent Years |  |
| Rationale for funding request | |
| In the box below, please write a summary of the rationale for the funding request. You should include the following:   * How the course will help you to develop within the role and be of broader benefit to the department; or how it will enable you to acquire new skills and deal with changes in responsibilities, or with a new role within the University; * Why a free internal course is not available or suitable; * An account of the operational implications of your undertaking the course and what discussions you have had with your line manager about these; and * how you will share the learning from the course with colleagues, where possible and appropriate. | |
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| SECTION 4 - Declaration | |
| I confirm that I am a current employee of the University of Oxford, and that the information  supplied in this form is correct and accurate to the best of my knowledge. | |
| Signature (may be typed if completed electronically) |  |
| Date Form Completed |  |

TO BE COMPLETED BY DEPARTMENT

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| SECTION 5 – Departmental Decision | |
| Please return the form to your Graduate Studies Officer [graduate@paediatrics.ox.ac.uk](mailto:graduate@paediatrics.ox.ac.uk), who will verify your request before seeking final approval from the Head of Department then sending on to the Student Fees Team | |
| Application Status | Approved / Declined |
| Amount Awarded by the Department for Current Year. |  |
| % of Annual Fee Awarded by the Department in Subsequent Years |  |
| Justification for the Decision |  |

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| SECTION 6 Departmental Signature | |
| Graduate Studies Officer Name |  |
| Graduate Studies Email |  |
| Signature |  |
| Date Processed |  |
| Head of Department Name |  |
| Head of Department Telephone |  |
| Head of Department Email |  |
| Signature |  |
| Date of Decision |  |