Stockwell Webber Foundation Scholarship (SWFS) Application

## Learning and Development

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| Your Details: |
| Name: |  |
| Position Title: |  |
| Service/Location: |   |
| Work Email Address: |  |
| Personal Email Address: |  |
| Work Phone Number: |  | Personal Phone Number: |  |
| Employment Commencement Date: |  |
| Employment Type: | Full Time: | 🞏 | Part Time: | 🞏 | Hours per week: |  |
| Residential Status: | Australian Citizen | 🞏 | Permanent Resident of Australia | 🞏 | Holder of Temporary Visa | 🞏 |  |
| Have You Previously Applied for the SWFS? | Yes | 🞏 | No | 🞏 |  |
| What Existing Qualifications Do You Have? |  |

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| Your Studies: |
| Type of Study: | University Degree: | 🞏 | Certificate or Diploma: | 🞏 |  |
| Name of Full Qualification: |  |
| Course of Unit/s Title: |  |
| Education Name and Location: |  |
| Method of Study: | On Campus: | 🞏 | Online: | 🞏 | Other: |  |
| Start Date: |  | End Date: |  |  |

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| Financial Assistance Requested (Evidence Required): |
| Course Fees: | Cost per Subject: | $ |  |
| Resource Expenses (Text Books, Technology, Uniforms etc): | Item: |  | $ | Item: |  | $ |
| Continued: | Item: |  | $ | Item: |  | $ |
| Total Amount Requested for SWSF: | $ |

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| Benefits: |
| How will this study assist your work in rural and remote Queensland communities, particularly in the Seniors Living space? |
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| How will this learning be applied in the workplace? |
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| How will your employer benefit from your participation in this learning? |
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| How will this Scholarship benefit your life? |
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| Employee Authorisation: |
| [ ]  If I do not successfully complete or withdraw from the learning, I will notify my manager immediately in writing.[ ]  I understand that I am required to complete 12 months employment after finishing the studies, and that if I leave of my own accord I will be required to repay the amount of funding I have received, and any monies owing will be deducted from my final pay.[ ]  I have read the *Stockwell Webber Foundation Scholarship Procedure* and *Stockwell Webber Foundation Scholarship Information Sheet* and confirm that I understand and meet the criteria outlined.[ ]  I agree to provide information or resources if requested, for any media or promotional materials related to this application.[ ]  I have attached the following documentation to support my application:[ ]  Evidence of all expenses I wish to claim[ ]  Copy of my most recent, signed, Performance Development Plan |
| Applicant Signature: |  | Date: |  |

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| **Management Review:** |
| Identified Training Need: |
| Does this learning align with current or future needs of the service? | Yes | 🞏 | No | 🞏 |
| Is the learning relevant to the applicant’s current or future role? | Yes | 🞏 | No | 🞏 |
| Will the completion of the learning enhance both the applicant’s skills and the workplace? | Yes | 🞏 | No | 🞏 |
| Suitability of Applicant: |
| Does the applicant meet the eligibility criteria, as detailed in the scholarship procedure? | Yes | 🞏 | No | 🞏 |
| Is the applicant a suitable candidate to undertake this learning? | Yes | 🞏 | No | 🞏 |
| Ability of Service/Group to Accommodate the Learning: |
| Can appropriate Study Leave be granted, subject to operational cost and convenience if requested? | Yes | 🞏 | No | 🞏 |
| Is the service able to contribute financial support for this application? | Yes | 🞏 | No | 🞏 |
| Benefits: |
| What are the benefits the service will receive from this applicant completing this learning? |
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| How will the learning be applied in the workplace? |
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| Non Completion: |
| If the applicant:* Withdraws,
* Does not successfully complete the learning,
* Ceases to be employed by the organisation at the time the Scholarship was granted,
* Relocates from North, Central West or South West Queensland

Learning and Development will be notified in writing immediately. |
| Management Authorisation: |
| I support this application and request that it be submitted to the Management Committee for consideration for financial assistance as detailed in the application. |
| Signature: |  |
| Name and Position Title: |  |
| Date: |  |