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: |  | | | | |