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|  | Further Education Policy (FEP) Scheme **Application Form** (new applicants only) | | | |  |
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|  | Section I Applicant Details | | | |  |
|  | Name Personnel No.  Contact Number Email Address  Employment Status (Type of Contract, FTE)  College/School/Unit  Category of Staff (Technical, Research, Professional Support, Academic)  Have you 1 years’ continuous service with University of Galway? Yes ⬜ No ⬜  Post Title and Grade  Detail of current Qualification(s) | | | |  |
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|  | Section II - Programme Details | | | |  |
|  | Have you applied for your chosen Programme? Yes ⬜ No ⬜  Name of Programme and Course code (if applicable)  Programme Level and Award (Must meet minimum Level 6 NFQ requirements)  Certificate ⬜ Diploma ⬜ Degree ⬜ Masters ⬜ PhD ⬜ Other ⬜ (Describe Other)  Name of Institution  Programme Status Full time ⬜ Part-time ⬜  Duration of Programme  Programme Fees (excluding student levy and registration fees)  (In the case of external programmes, 50% will be funded by the staff member’s unit) | | | |  |
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|  | Please describe how this programme of study is relevant to your scope of work or will benefit your School or Support Unit and the University. Please attach an additional sheet if required | | | |  |
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|  | Will the programme require leave from normal working hours? Yes ⬜ No ⬜ Please give details | | | |  |
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|  | Please confirm if you have been a recipient of FEP funding support in the past.  Yes ⬜ No ⬜  If yes, please provide details of support received  Have you or do you intend to submit an application for Special Leave/Career Break scheme of administration, Library, Technical and Buildings staff for the period in which you are applying for funding support.  Yes ⬜ No ⬜  If yes, please provide details of application. | | | |  |
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|  | I confirm I have read the current FEP policy and I meet the eligibility criteria to apply for funding support under the FEP scheme.  Signature of Applicant Date | | | |  |
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|  | Section III: To be completed by Manager | | | |  |
|  | Name  Contact Details | | | |  |
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|  | Resources I confirm the following:   1. **Resources** where attendance at this programme of study requires the applicant named in Section I above to be released from their work, or they are unavailable, or unable to execute their existing workload by reason of the requirements of a programme supported under this scheme, arrangements will be made by me to cover that deficit from within the Unit’s existing resources. 2. **Programme Details and Schedule** I am cognisant of the requirements of the programme being undertaken by the applicant, named in Section I above in terms of course schedule, examination and study leave. 3. **FEP Policy**I have read the current FEP Policy | | | |  |
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|  | **Statement of Support**  Outline your reasons why this applicant, named in Section I above should be supported under the University’s FEP scheme, specifically referencing the applicant’s role, grade, the programme of study, mode of application, and the relevance of the qualification to the staff member, their School or Support Unit, and the University.    ….. …………………………………………………………………………………………………………………………  **Signatures:**  Manager (Print Name) Signature  Date  Dean of College, Head of School, Support Unit, Research Institute:  Manager (Print Name) Signature  Date | | | |  |
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|  | **Please submit the following documents along with application:**  1. Copy of your Job Description  2. Copy of the Programme description or description of research proposal  3. And any other relevant information  4. **Send to:** [**learninganddevelopment@universityofgalway.ie**](mailto:learninganddevelopment@universityofgalway.ie)**,**  marked FEP Application | | ***Please note that registering for the FEP scheme and applying for a course are two separate processes. Approval of FEP funding does not always guarantee a place on your chosen course. Staff should apply for their course of choice as early as possible. Certain programmes have a limit on numbers so may operate on a first come/first served basis.*** | |  |
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