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**Maynooth University Education Support Application Form**

***Section I – To be completed by the Employee and sent to the Head of Department or nominee***

### *Applications for funding must be received in Learning & Development, Human Resources* by either 1st November (for start date January – May) or 15th July (for start date September – November). This form will be retained on your personnel file.

|  |  |
| --- | --- |
| **Name** |  |
| **Staff/Employee Number** |  |
| **Current Position** |  |
| **Full-time/Part-time/Job-Sharing** |  |
| **Department** |  |
| **Grade** |  |
| **Work telephone number** |  |
| **Work email** |  |
| **Have you previously been supported to complete a course by the university?** | **Yes/No:**  **If Yes,** please provide details (title of course, level, costs, year completed) |
| **Full title of course of study being applied for under the Education Support Policy** |  |
| **Start date of course** |  |
| **Duration of programme** |  |
| **Course Level (on NFQ)** |  |
| **University/College of study** |  |
| **Awarding body** |  |
| **Cost of Course € (Please indicate whether per term, semester, year or duration of whole course)** |  |
| **Will the programme require leave from assigned working hours? If so, please provide details on how his will be managed (refer to Policy)** |  |
| **How will the programme benefit you in your current position and/or support you in your career development in the University? (please describe in detail, approx. 500 words)** | |

As per the Education Support Policy, the employee acknowledges any successful application made is pursuant to the terms of that Policy.

***I acknowledge that I have read and understood the Education Support Policy, and I agree to the fee reimbursement requirements.***

**Signature:                                                        Date:**

**Section II – To be completed by the Head of Department**

Will the proposed programme of education maintain or improve skills or knowledge directly relevant to the employee’s current role or will it support their career development in the University?

Yes No

I recommend the employee be approved for education support as they meet the criteria under the Education Support Policy.

Yes

Please send **a letter/email of support** detailing the reasons why it is directly relevant to the employee’s role and/or will support their career development in the University and the benefits of completing such a course for the department. Send with the signed form to [learning.development@mu.ie](mailto:learning.development@mu.ie)

I do not recommend the employee be approved for education support, please provide a rationale, as to why you are not supporting the application (this information will be shared with the employee).

No

If No, please discuss with the employee. Application form should still be sent to HR.

Please note 25% of funding for this course will be from the Department’s non-pay budget and the remaining 75% will be centrally funded by the University.

|  |  |  |
| --- | --- | --- |
| **Print**  Head of Department Name: | **Signed**  Head of Department: | **Date:** |
| Department/Unit | Work Contact Email | Extension number |

**Section III – To be completed by HR**

**APPLICATION APPROVED:**

Yes No

**HR Signature:**

**APPLICATION NOT AUTHORISED**

Reason(s) for this are briefly given below.

**Letter of confirmation and fee reimbursement requirements sent to employee?**

Yes No

**Signed fee reimbursement received from employee?**

**Yes**

**Date:**