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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 the 1st of July (for start date September – November) or the 1st of November (for start date January – May). This form will be retained on your personnel file.

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| **Applicant’s Name** |  |
| **Staff/Employee Number** |  |
| **Current Position** |  |
| **Full-time/Part-time/Job-Sharing** |  |
| **Department**  **(If on secondment include substantive department and seconded department and dates)** |  |
| **Grade** |  |
| **Work email** |  |
| **Have you previously been supported to complete an accredited qualification by the university (before or under Education Support)?**  **If Yes,** please provide details (title of course, level, costs, year completed) | **Yes/No:** |
| **Full title of course of study being applied for under the Education Support Policy** |  |
| **Start date of course** |  |
| **Duration of course** |  |
| **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 course require leave from assigned working hours? If so, please provide details on how this will be managed (refer to the Education Support Policy)** |  |
| **How will the course 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 course 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.

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