

Completed form is to be forwarded to the office of the appropriate Executive of the Richmond Clarence Health Service Group

This form is for conferences/seminars/short courses/College of Nursing courses/tertiary education & examination leave. It is not required for in-house activities including orientation, mandatory training, in-services, NNSWLHD courses, seminars and conferences. Internal NNSWLHD courses have a separate registration form.

Write an appropriate response in space provided.

Section 1: Activity Information (Participant to complete this section)

Activity Name		Closing Date	
Day(s)/Date(s) of Activity	M T W T F S S (Please circle)	Venue	
Activity Duration		Start/Finish Times	
Activity Code		Activity Conducted By	

Section 2: Personal Information (Participant to complete this section)

Name			
Position Title		Payroll No.	
Department / Unit		Employee Classification	
Workplace address		Phone	
Email address		Fax	
Applicant's signature		Date	
Reason for attendance			

Section 3: Role and Benefits (Participant to complete this section)

Role at conference /seminar /course:	
Expected benefit to the organisation and career development :	
How will information gained from the conference/ seminar/course be disseminated throughout the network?:	
Details of: conferences/seminars/courses attended in the last two (2) years. Include name of conferences attended if supported by NNSW LHD.	

Section 4: Management Approval (Applicant to complete this section)

Manager's approval MUST BE obtained for employee's participation in learning and development activities. The Manager MUST complete this section. **This information is required for accurate data collection and reporting.**

Type of leave	<input type="checkbox"/> Learning and Development Leave		or	<input type="checkbox"/> Own-time	
Replacement/Backfill	hrs	Paid hours approved		hrs	\$
Non paid hours	hrs	Own time		hrs	
Costs	Funding source : (Please identify)		If to be paid by Richmond Clarence HSG	To be paid by Employee	Approved
	Activity/Registration fees		\$	\$	
	Travel (Please circle) Air/Train/Bus/Cab		\$	\$	
	Travel – Car	NNSWLHD vehicle Own car	<input type="checkbox"/> Yes <input type="checkbox"/> Mileage	N/A	
	Accommodation Where		\$	\$	
	Meals / Sustenance (See DOH policy)	Claim on return or Advance	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
		TOTAL	\$	\$	
Required attachments	Course registration form	<input type="checkbox"/> Yes Must be attached			
	Course program/outline	<input type="checkbox"/> Yes Must be attached			
	Course acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
	Proposed study timetable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Approval to attend	<input type="checkbox"/> Yes <input type="checkbox"/> No – if no, please refer L&WD Leave Policy Section 5.8				
Manager's Name					
Manager's Position		Phone			
Benefits					
Cost Centre Code		Fax			
Manager's Signature		Date			
EO/DON Name & Signature (if required)		Date			
Executive Director Name & Signature (if required)		Date			

Section 5: Processing Checklist

Prior to Learning and Development Activity (in consultation with manager)

1. Course registration form forwarded to organisers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
2. On-line requisition completed for registration fees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable ORS Number:
3. On-line requisition/s completed for travel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable ORS Number:
4. On-line requisition/s completed for accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable ORS Number:
5. NNSWLHD vehicle booked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
6. Correspondence sent to applicant advising of approval or otherwise	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
7. Copy of paperwork on personnel file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
8. Replacement employee organised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
9. Leave rostered into PROACT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Section 6: After Learning and Development Activity (Manager to complete this section)

1. Applicant attended course	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Course information entered into PATHLORE	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Learning contract completed by staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No see attached form that must be completed and returned to Executive Director
4. Evidence of completion on personal file	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Information:-

Please submit application form at least four weeks prior to conference/ seminar / course commencement to allow time for processing.

All accommodation, travel and registration fees not covered by the applicant are to be organised through the office of your Executive Manager.

Prepayment by applicant does not guarantee approval. Even where associated costs are being met by sponsorship, general funds may not be available to meet upfront expenses.