|  |
| --- |
| **Educational Assistance Application Form****\*Please complete electronically where possible or in BLOCK CAPITALS** |
| **APPLICANT DETAILS** |
| **Full name:** |  |
| **Department:** |  |
| **COURSE DETAILS** |
| **Course title:** |  |
| **Course duration:** |  |
| **Course start date:** |  |
| **College / University:** |  |
| **Course total cost:** |  |

**Sections of this form:**

[**Part 1:**](#Part1) [**Employee request**](#Part1)

[**Part 2a:**](#Part2a)[**Line Manager supporting information**](#Part2a)

[**Part 2b:**](#Part2b) [**Section Manager (Manufacturing only) review and sign off**](#Part2b)

[**Part 3:**](#Part3)[**Senior Leader / Talent and Recruitment Manager - review and sign off**](#Part3)

[**Part 4**:](#Part4) [**HR Director and Managing Director review / sign off**](#Part4)

|  |
| --- |
| **PART 1: Educational Assistance Request** |
| **Employee to complete this section**Please provide the rationale for how the course requested supports you and the Company in your current role and/or future progression. \*\*please include/attach course details and costings. |
|  |

|  |
| --- |
| **PART 2a: Educational Assistance Line Manager Support** |
| **Line Manager to complete this section**Please provide the rationale for how the course requested supports the employee and the Company in their current role and/or future progression.  |
|   |
| **Line Manager full name:** |  | **Date:** | Click to enter a date. |
| **PART 2b: Section Manager Review \*Manufacturing only** |
|  |
| **Section Manager full name:** |  | **Date:** | Click to enter a date. |
| **Approve** [ ]  | **Reject** [ ] (If reject at this stage, feedback to be provided to the Line Manager to feedback to applicant) |

**Please forward to the HR Business Partner** by 31st December who will review with the Senior Leader/General Manager.

**Note.** Applications submitted after the submission date has expired will not be considered.

|  |
| --- |
| **PART 3: Senior Leader / General Manager (Manufacturing) and Senior/HR Business****Partner Review** |
|  |
| **Senior Leader / General Manager full name:** |  | **Date:** | Click to enter a date. |
| **Approve** [ ]  | **Reject** [ ] (If reject at this stage, feedback to be provided to Section Manager/Line Manager regarding the application not being progressed) |

**PART 4: Senior HR Business Partner and General Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name** | **Approve** | **Reject** | **Date** |
| **Senior HRBP:** |  |[ ] [ ]  Click to enter a date. |
| **General Manager:** |  |[ ] [ ]  Click to enter a date. |