**INSTRUCTIONS**

* Before completing this form, please refer to the SSP policy and procedures document.
* To be considered for SSP, a staff member must have participated in the Performance Review and Development (PRD) process and the proposed SSP should be consistent with agreed PRD goals.
* Academic staff must have successfully completed probation before commencing SSP.
* This form may be completed electronically and emailed for approval.

1. PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| Title | Family Name | Given Name/s |
|  |  |  |
| School/Centre | | Faculty |
|  | |  |
| Academic Level (A, B, C, D or E) | | Staff Number |
|  | |  |
| Email address | | Telephone Number |
|  | |  |

2. proposed dates

SSP will generally be for a period of 6 months, inclusive of 2 weeks annual leave. Please indicate which semester you are applying. Proposals for greater than 6 months will be sent to the DVC(A) for consideration along with a recommendation from the Faculty SSP Committee. Shorter periods of SSP can be negotiated with the approval of the relevant PVC.

**Tick the relevant option:**

|  |  |
| --- | --- |
| **1 January to 30 June (Semester 1)** Inclusive of closedown and annual leave | **Yes 🗌 No 🗌** |
| **1 July to 31 December (Semester 2)** Inclusive of closedown and annual leave | **Yes 🗌 No 🗌** |

3. nature of proposed ssp

Designate a percentage within the following **institutional priority areas** to reflect the nature of the proposed SSP.

|  |  |  |
| --- | --- | --- |
| **Develop, improve or progress research leading to competitive grant applications as a %** | **Establish or enhance teaching and learning national research**  **collaborations as a %** | **Completion of a PhD as a %** |
| \_\_% | \_\_% | \_\_% |

4. SUMMARY and benefits OF proposed ssp (maximum 250 words)

Provide a brief summary of your proposed SSP with reference to the nominated institutional priority area/s and the Performance Expectations Framework for Academic Staff, indicating how achieving the anticipated SSP outcomes will benefit UON and your career development.

|  |
| --- |
|  |

4a. Schedule of proposed ssp (including annual leave periods)

Please provide a schedule of your proposed SSP ie. for 6 months SSP, 2 weeks annual leave should be included.

|  |  |  |  |
| --- | --- | --- | --- |
| **From Date** | **To Date** | **Location and name of Institution** | **Activities (SSP or annual leave)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5. list of expected research outputs from the proposed ssp

Include a list of the proposed research outputs, including titles, outlets and planned submission dates.

**Note:** Where the research output involves a book publication or performance/display of a creative work, you are required to append evidence of an expression of interest to consider the publication/performance/display or dissemination of the work on original letterhead or from an identifiable email address.

|  |  |  |
| --- | --- | --- |
| **Title of Research Output** | **Research Outlet** | **Planned Submission Date** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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6. capacity to achieve the proposed outcomes of the SSP (maximum 250 words)

Provide evidence of your capacity to make effective use of the proposed SSP by reflecting on your academic performance over the past 3 years with reference to the Performance Expectations Framework for Academic Staff and your agreed PRD goals. Include information on career disruptions or factors that may have affected your performance during this time.

|  |
| --- |
|  |

7. invitations and support for ssp

Where relevant, please attach copies of invitations from the institutions and academic researchers with whom you will be working. Please note that proposals cannot be approved without evidence of proposed location and copies of invitations on original letterhead or from an identifiable email address.

|  |
| --- |
| List invitations attached here |

8. TEACHING AND RESEARCH OUTPUTS

The Academic PRD Report will be used to inform the initial collection of data on the academic staff member’s teaching and research outcomes. This can be provided to you by your Head of School, if you have not already received it. You may also include a cover statement providing a summary or overview of your teaching and research performance (if applicable). Any additional information not included in the latest PRD Report can be summited for consideration, such as the open-ended student feedback comments, etc.

|  |
| --- |
|  |

9. HDR supervision during ssp

Please provide details of HDR students for whom you will be the supervisor at the time of commencement of the proposed SSP, and attach written confirmation from co-supervisors that they will take on a prominent supervisory role during your SSP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** | **Degree** | **Expected Date of Completion** | **Supervisory arrangements during SSP** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. FOR SSP LEADING TO COMPLETION OF PhD

The use of SSP to support the completion of a PhD will be limited to a single SSP period and this should typically be towards the end of the staff member’s candidature unless otherwise agreed, and be accompanied by a statement of support from the applicant’s principal supervisor for their PhD studies.

|  |  |  |
| --- | --- | --- |
| **University of enrolment** | **Name of Supervisor(s)** | **Student number** |
|  |  |  |

|  |
| --- |
| **Title of Thesis** |
|  |

|  |
| --- |
| **Submission date** |
|  |

|  |
| --- |
| **Anticipated outcome from your SSP, in terms of progression of the research or completion of candidature.**  ***(Attach a supporting statement from your supervisor indicating the likely outcomes of the SSP in terms of your candidature).*** |
|  |

|  |  |
| --- | --- |
| Have you been enrolled in the PhD program for more than four full-time equivalent years? | **Yes 🗌 No 🗌** |
| Have you previously attempted a degree at the same level? | **Yes 🗌 No 🗌** |
| Is the degree for which you are enrolled higher than the qualification you currently hold? | **Yes 🗌 No 🗌** |
| Is this the first time you have applied for SSP at UON to attempt a degree at this level? | **Yes 🗌 No 🗌** |

11. FINANCIAL ASSISTANCE

**To be eligible for financial assistance you and your family will need to be travelling for SSP purposes for a continuous period of two months or more. Refer to section 6.0 and Schedule A of the Procedure for SSP, noting the level of financial assistance approved will be dependent on the SSP budget.**

|  |  |
| --- | --- |
| Total period of absence overseas or outside NSW for SSP purposes | **\_\_\_\_\_\_\_\_\_ Months/Weeks** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Who are you seeking financial assistance for? (please indicate): | | | | | |
| **Self** | | **Partner** | | **Eligible dependent children** | |
| 🗌 Yes | 🗌 No | 🗌 Yes | 🗌 No | 🗌 Yes | 🗌 No |

FINANCIAL SUPPORT REQUEST – STAFF MEMBER

|  |  |
| --- | --- |
| I am requesting airfare/travel costs in Australia, the Pacific or South East Asia (max $1000)? | **Yes 🗌 No 🗌** |
| I am requesting airfare/travel costs for travel elsewhere overseas (max $2800)? | **Yes 🗌 No 🗌** |
| I am requesting living expenses (max $800/month for overseas and outside NSW), capped at $4400 per SSP period and **not** **payable during annual leave**? | **Yes 🗌 No 🗌** |

FINANCIAL SUPPORT REQUEST – PARTNER

**PARTNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Is your partner living with you on a bona fide domestic basis, in a marriage or de facto relationship? | **Yes 🗌 No 🗌** |
| If your partner is a member of the UON academic staff, is s/he applying for SSP? | **Yes 🗌 No 🗌** |

Please indicate the period your partner will be accompanying you overseas or outside NSW?

|  |  |  |
| --- | --- | --- |
| **Start date:** | **End date:** | **Duration** |
|  |  | **\_\_\_\_\_\_\_\_\_ Months/Weeks** |

|  |  |
| --- | --- |
| I am requesting airfare/travel costs for my partner travelling with me in Australia, the Pacific or South East Asia (up to $700)? | **Yes 🗌 No 🗌** |
| I am requesting airfare/travel costs for my partner travelling with me elsewhere overseas (up to $1500)? | **Yes 🗌 No 🗌** |

FINANCIAL SUPPORT REQUEST – ELIGIBLE DEPENDENT CHILDREN

Eligible dependent children need to be under the age of 18 and accompanying the staff member for a period of 2 months or more.

|  |  |
| --- | --- |
| Is/are the dependent child/children for whom you are claiming financial assistance normally dependant on you? | **Yes 🗌 No 🗌** |

|  |  |  |
| --- | --- | --- |
| **Childs Name** | **Date of Birth** | **Is the child under 18 at the time of travel?** |
|  |  | **Yes 🗌**  **No 🗌** |
|  |  | **Yes 🗌**  **No 🗌** |

Please indicate the period your child/children will be accompanying you overseas or outside NSW?

|  |  |  |
| --- | --- | --- |
| **Start date:** | **End date:** | **Duration** |
|  |  | **\_\_\_\_\_\_\_\_\_ Months/Weeks** |

|  |  |
| --- | --- |
| I am requesting airfare/travel costs for child/ren travelling with me in Australia, the Pacific or South East Asia (up to $700)? | **Yes 🗌 No 🗌** |
| I am requesting airfare/travel costs for my child/ren travelling with me elsewhere overseas (up to $1500)? | **Yes 🗌 No 🗌** |

additional INCOME

UON paid outside work and intellectual property policies apply while on SSP. SSP allowances may be reduced where a staff member receives outside income or allowances/benefits during SSP.

|  |  |
| --- | --- |
| Are you likely to receive additional income or benefits during your SSP or as a consequence of the approved program? | **Yes 🗌 No 🗌** |

If yes, please provide a brief explanation (maximum 100 words)

|  |
| --- |
|  |

12. RECOMMENDATION BY THE HEAD OF SCHOOL

|  |  |
| --- | --- |
| Do you recommend that the applicant be released for the requested period to undertake SSP? | **Yes 🗌 No 🗌** |
| Have arrangements been made to ensure the applicant’s SSP does not have an adverse impact on the delivery of classes, administration, assessments, exams, and the determination of grades? | **Yes 🗌 No 🗌** |
| Does the proposed SSP conform to the School’s SSP schedule? | **Yes 🗌 No 🗌** |
| Have arrangements have been made to satisfactorily cover the applicant’s supervision of HDR students for whom the applicant will be the supervisor at the time of the proposed SSP? | **Yes 🗌 No 🗌** |
| Have arrangements been made for your School to cover resource implications arising from the applicant’s absence? | **Yes 🗌 No 🗌** |
| Is the applicant’s contribution to both teaching and research satisfactory? (Sighted PRD Report detailing SFT/SFC results and research outputs for last 3 years.) | **Yes 🗌 No 🗌** |
| In the case of an applicant who has previously undertaken SSP, did the University and the applicant benefit from the program? | **Yes 🗌 No 🗌** |
| Do you consider that the applicant has demonstrated that the proposed program can equip them to deliver more effective service to the University? | **Yes 🗌 No 🗌** |
| Do you consider that the applicant has the capacity to make effective use of the proposed SSP? | **Yes 🗌 No 🗌** |

Please comment on the contribution of the applicant’s teaching and research, the merits and viability of the proposed SSP, the appropriateness of the period sought, and the applicant’s potential to achieve the objectives of the program, with reference to the Faculty/School Corporate Plan, the Performance Expectations Framework for Academic Staff, and agreed PRD goals.

(maximum 100 words)

|  |
| --- |
|  |

**HOS Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOS Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT CHECKLIST

***This must be completed prior to submission of the application form:***

|  |  |
| --- | --- |
| I have discussed my application with my HOS | **🗌** |
| I have attached a copy of all relevant invitations | **🗌** |
| I have attached a copy of my last SSP Report (if applicable) | **🗌** |
| I have provided my application to my HOS for their review | **🗌** |
| I have seen the HOS recommendation and have commented if required | **🗌** |
| I understand it is my responsibility to submit my completed SSP application via email to [SSP@newcastle.edu.au](mailto:SSP@newcastle.edu.au) by the closing date of 1 June | **🗌** |
| For staff applying for SSP to progress or complete a PhD, I have attached a statement from my principal supervisor indicating the outcomes of SSP | **🗌** |
| I have sighted my PRD Report (detailing SFC/SFT results and research outputs over the past 3 years) and acknowledge that it will be included with my application to the Faculty SSP Committee | **🗌** |

acknowledgement OF OBLIGATIONS OF STAFF MEMBER

If granted SSP, I agree that I will:

* Adhere to the program as outlined in the application form, noting that any variations, including changes in the time to be spent overseas and dates on which family members will be accompanying me, will require completion of the [SSP Variation Form](http://www.newcastle.edu.au/current-staff/teaching-and-research/academic-career-development/keeping-current-in-your-discipline), including a recommendation by the HOS and approval of the PVC and submitted to the SSP Officer via email.
* Within one month of the conclusion of my SSP, provide a written report to the HOS as outlined in the procedure.
* Within three months of the conclusion of my SSP make a presentation to colleagues and/or students as appropriate, on research and/or scholarship undertaken during SSP.

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

13. HUMAN RESOURCE SERVICES CONFIRMATION

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Eligibility Checklist Completed | **Yes 🗌 No 🗌** |
| PRD Report attached to the SSP application | **Yes 🗌 No 🗌** |
| Eligible for SSP | **Yes 🗌 No 🗌** |

**SSP Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSP Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_