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| **APPLICANT DETAILS** | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Supervisor |  | | Position title | |  | | | | College/Division |  | | Team/Branch | |  | | | | Name of applicant | |  | | | | |  | | SSP requested for the period Start date | |  | | End date | |  | | | | |
| **SUPERVISOR ENDORSEMENT** | | |
| |  | | --- | | 1. How will the applicant’s SSP benefit the core business of the University? | | 1. How will the applicant’s SSP benefit the College/Division? | | 1. How are the outcomes of the SSP linked to the applicant’s Performance and Development Review (PDRS) i.e. which of the applicant’s stated developmental needs will be met by undertaking the program? | | 1. Identify any previous achievements made by this applicant as a result of his/her attendance at previous programs. Were expected outcomes of program satisfactorily met and reported? | | 1. Work areas fund all salary and replacement staff costs of SSP. What replacement arrangements (full time/part time) will need to be made? Are funds available for replacement costs from your budget? |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | No replacement required | | | | | | Salary – replacement required @ 100% | | | | | | Salary – replacement required @ | | |  | % | | Other costs | |  | | | | 1. If the applicant has teaching commitments – what arrangements will be made to ensure continuity in these commitments? | | | | | | 1. Do you support this application? | | | | | | Yes |  | | | | | No |  | | | | | 1. Other general comments regarding the applicant’s request for SSP? | | | | | | | |
| **SIGNATURES ENDORSING APPLICATION** | | |
| Supervisor’s name | Supervisor’s signature | Date |
| Discipline Head’s name | Discipline Head’s signature | Date |
| Dean/Director’s name | Dean/Director’s signature | Date |
| PVC/DVC’s name | PVC/DVC’s signature | Date |

The completed report should be attached to the SSP application.