



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

APPLICATION FOR UNIT ENROLMENT FOR STAFF MEMBERS

Please use BLOCK/CAPITAL letters and indicate with "N/A" where questions are not applicable.

STUDENT ADMINISTRATION

Post or hand deliver the completed Application for Unit Enrolment form to the Staffing Office

To verify eligibility for full tuition fee remission, please refer to the Staff Enrolment and Study Leave Policy on G:Staffing/HR Policies/Staff Enrolment and Study Leave Policy.doc.

1. **Complete an Application for Admission Form and submit this to the Admissions Office, Prospective Students. Normal entry requirements and the admissions process to the University must be adhered to. For further information please call the Admissions Office.**
2. Once the employee has received the Offer for Admission to the University, they must complete this Application Form together with the Application for Staff Study Time and submit them both with a copy of the Offer for Admission to the Staffing Office.
3. This form must be completed each semester/term for enrolment into a unit and must be signed by the Staff Member's Dean/Executive Director/ Manager and by the Dean of the School responsible for the unit.

1. PERSONAL INFORMATION

Student Identification Number:

--	--	--	--	--	--	--	--

TITLE e.g. Mr/Ms/Mrs	SURNAME/FAMILY NAME	GIVEN NAMES

RESIDENTIAL ADDRESS: (during course of study)	Number:	Street:		
	Town/Suburb:	State:	P/Code:	
POSTAL ADDRESS: (Print "as above" if same as Residential address)	Number:	Street:		
	Town/Suburb:	State:	P/Code:	

Contact Details:	Home:		Work:	
	Mobile:		Email:	

2. EMPLOYMENT INFORMATION

Commencement Date of Employment at UNDA:	
Current Fraction:	

3. COURSE

Course Code:		Course Name:	
---------------------	--	---------------------	--

4. UNITS OF STUDY (Only one unit can be studied per semester under a Staff Discount)

SEMESTER & YEAR	CODE	UNIT NAME

5. FEE REMISSION

1. Do you wish to apply for Fee Remission for this Unit? Yes No

2. Have you received any Fee Remission towards any units studied in this academic year? Yes No
 If YES, please state which unit(s):

3. Have you successfully completed all units for which you have been entitled to a Fee Remission for this or another academic year? Yes No

4. If NO, which were you unsuccessful in?

Have you submitted an Application for Admission Form for the unit to the Admissions Office? Yes No

If NO, please do so before submitting this form.

If YES, please proceed with submission.

Staff Member	I have read and understood the Staff Enrolment and Study Leave Policy.	Date	
---------------------	--	-------------	--

6. SIGNATURES OF APPROVAL

Staff Member's Dean/ Executive Director/Manager		Date	
Dean of School responsible for Unit		Date	
Staffing Office (Staff Manager)	Check: 2 fee remission entitlements/year. Keep original & send copy to Fees Office	Date	
Fees Office	When processed, send a copy to Student Administration	Date	
Student Administration		Date	

Privacy Statement: The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:

- a) when authorised in writing to do so; b) where required or authorised by law to government and regulatory authorities; (c) credit reporting and fraud-checking agencies; or (d) to your authorised representatives (e.g. legal representatives).



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

The University of Notre Dame Australia (Fremantle, Broome & Sydney)
19 Mouat St (PO Box 1225)
FREMANTLE, WESTERN AUSTRALIA 6959
ABN: 69 330 643 210

Residual Fringe Benefit Declaration

I, _____ declare that
(Name of employee)

_____ (Nature of benefit
e.g. staff scholarship)

Was provided to me by or on behalf of The University of Notre Dame Australia during the period of _____
20___ to _____20___ and used by me for the following purpose(s):

_____.

I also declare that, had I purchased the service or privilege for its market value, I would have been entitled to claim an income tax deduction equal to _____% of the purchase price.

Signature: _____

Date: _____



APPLICATION FOR STAFF STUDY TIME

Please refer to the **Staff Enrolment and Study Time Policy** on G:Staffing/HR Policies/Staff Enrolment and Study Time Policy.doc. for conditions and eligibility.

SEMESTER _____ **YEAR** _____

This Application is to be completed **BEFORE** commencing a unit at Notre Dame or another university.

1. Employee's Details

Surname: _____ First name: _____	
School/Office: _____	
Full-time: _____	or Part-time: _____ Hrs per week: _____
Commencement date: _____	
List current qualification(s): _____	

2. Study at Notre Dame

Course/unit code & title: _____	
School: _____	Expected date of completion: _____
Have you previously received study support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this study for the purpose of attaining a degree?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this study for the purpose of professional development?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Outline the relevance of this study to your work at Notre Dame: _____	

3. Study at another university or educational institution

Course name: _____	
Unit code & title: _____	
Institution: _____	Expected date of completion: _____
Have you previously received study support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for studying at this university: _____	
Outline the relevance of this study to your work at Notre Dame: _____	

If available, please attach the following:	
1. Unit enrolment notice (if not available, must be provided to Finance Office after approval is given)	
2. Statement of Academic record for this course	

4. Study Time requested

4.1 Please provide details of the Study Time applied for (Day & Time): _____

4.2 Full time employee: 3 hours Study Time yes no
 Or
 Fractional Employee 0.5: 1.5 hours per week
 0.6 – 0.8: 2.0 hours per week
 0.9: 3.0 hours per week

4.3 Have you applied for Fee Remission for this unit? yes no

5. Study Leave

Study Leave: Semester _____ Year _____ at _____

Semester Dates: From _____ to _____

Day of Attendance	Unit code	Hours		Hours		TOTAL hours
		Lecture	Tutorial	Lecture	Tutorial	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
TOTAL HRS						

DECLARATION:

- I certify that all details outlined in this Application are true and correct.
- If my Application is approved, I agree to provide regular progress reports to my Dean/Executive Director/Manager for their information before forwarding to Staffing Office for placement on my staff file.
- I have provided all information as requested to support my study time application.

Employee’s signature: Date:

APPROVAL:

The following study is approved:
 STUDY TIME (3 hrs per week or pro rata for fractional employees to attend Lectures/ Tutorials)

YES NO Date.....

Dean/Exec Director/Manager :Signature.....

➤ **PLEASE FORWARD THIS FORM TO THE STAFFING OFFICE WHEN COMPLETED.**

Staffing Office Use RECEIVED DATE STAMP:
