

TESL/MEE Application Form

and the ACT Government Application for Leave Form and Travel Form



ACT
Government

Canberra Health
Services

Instructions: There are nine sections to this 2-page form. Complete all sections to apply for Teaching Education and Study Leave (TESL) and Medical Education Expenses (MEE). The ACT Government **Application for Leave Form** and **Travel Form** will auto-populate with common fields from this form. Only submit these completed forms if you are prompted to do so in Section Five.

Section One Personal Details

First Name	Robert	Surname	Schmidli
Mobile	0413 614 456	Preferred Email	robert@schmidli.com.au
Home Address	27 Custance Street, Farrer, ACT 2607		

Section Two Employment Arrangements

Organisation	CHS	Medical Unit	Medicine (Endocrinology & Diabetes)	Length of Service	3+ yrs	
<i>Please select Classification – Part Time/Full Time – Permanent/Temporary/Contract as appropriate</i>						
SS/SSS	Part Time	Permanent				
If you are part-time specify FTE:		.25	If you are temporary or on contract specify length of contract:		Select:	
If you are part-time or have a flexible arrangement indicate the days you work below:						
<input type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday


Section Three TESL Activity Details

1	Activity Name:	European Congress of Endocrinology			
	Location:	Stockholm, Sweden	<input type="checkbox"/> Online	Dates	11-May-24 to 14-May-24
2	Activity Name:				
	Location:		<input type="checkbox"/> Online	Dates	to
3	Activity Name:				
	Location:		<input type="checkbox"/> Online	Dates	to

Section Four Funding Requested

<input checked="" type="checkbox"/> Registration Fee	\$ 1,478.97	<input checked="" type="checkbox"/> Accommodation	1,975.53	OR	<input checked="" type="checkbox"/> Per Diem Allowance
<input type="checkbox"/> Membership Fee	\$	<input type="checkbox"/> Airfare			
<input type="checkbox"/> Textbook	\$	<input type="checkbox"/> Incidentals			
<input type="checkbox"/> Other (please specify)	\$				

! If you cease employment with the Directorate the head of service may require you to repay a pro rata amount

 *for more info about receipts v Per Diem*

Section Five Additional Forms for Completion

Do you require TESL to complete this activity?	<input type="checkbox"/> No	Complete and submit this 2-page TESL/MEE Application Form
	<input checked="" type="checkbox"/> Yes	If Yes – ALSO submit a completed ACT Government Application for Leave Form (see p.3)
Do you require travel and/or accommodation to complete this activity?	<input type="checkbox"/> No	Complete this 2-page TESL/MEE Application Form
	<input checked="" type="checkbox"/> Yes	If Yes – ALSO submit a completed ACT Government Travel Form (see pp.4-5)

Section Six Mandatory Training Status

My mandatory training is up to date (or will be) at the time the leave for this application will be taken.	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes

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Section Seven **Proposed Study Program** *Your application for TESL and MEE cannot be considered if this section is not completed*

Day	Day of Week	Date	Activity
1	THUR	09-May-24	Arrive Stockholm
2	FRI	10-May-24	Acclimatisation, prepare for meeting
3	SAT	11-May-24	ECE Congress
4	SUN	12-May-24	ECE Congress
5	MON	13-May-24	ECE Congress
6	TUES	14-May-24	ECE Congress
7	WED	15-May-24	Depart Stockholm
8	WED	15-May-24	Personal leave
9	Select:		
10	Select:		
11	Select:		
12	Select:		
13	Select:		
14	Select:		

To provide details of conference academic program and related accommodation insert hyperlink to conference brochure and/or program here:

<https://www.es-e-hormones.org/media/a23mkijt/ece-2024-preliminary-programme-h.pdf>

! Details of site visits, professional visits and TESL without conference links must be emailed with your completed form

Include additional comments below

Section Eight Report Writing Requirement

I understand reports on TESL activities are an essential record of the activity undertaken and I will submit my report on this activity to tchppaf@act.gov.au within 6 months of the completion of the activity (3 months if I take a report writing day when I am overseas)

Yes No



*for more info
about report writing*

Section Nine Support of Direct Line Manager *This is required for all applications including those not requiring TESL*

As the applicant's direct line manager, I support this application and agree it will not be completed during working hours

Yes
 No

Name: C. PERALJOU

Date: 11/3/24

eSignature:



for how to insert an eSignature

For Office Use Only

Status of Approval for Funding/TESL

Registration Fee \$
 Accommodation \$ OR Per Diem Allowance
 Membership Fee \$
 Airfare \$
 Textbook \$
 Incidentals \$
 Other (please specify) \$

Authorising Officer Name:

eSignature:

Date:



Application for Leave

Instructions

1. Use this form for all types of leave except Long Service Leave and Leave Without Pay | 2. This form must be signed by the applicant and the delegate | 3. Guidance - Refer to fact sheet 'Leave Application Forms – Supplementary Information' | 4. Conditions - Refer to relevant Enterprise Agreement and/or policy/guidelines

Applicant to Complete

Family name: Schmidli	Given names: Robert	Permanent
Choose Organisation: CHS	Classification: SS/SSS	AGS/Employee Number:
Are you currently salary packaging? Select:	Tel (work):	Tel (on leave): 0413 614 456

Leave Type (Refer to fact sheet 'Leave Application Forms – Supplementary Information' for guidance on 'Other'.)

<input type="checkbox"/> Annual	<input type="checkbox"/> Leave Loading	<input type="checkbox"/> Prepayment
<input type="checkbox"/> Personal	Evidence Attached/Without Evidence	
<input type="checkbox"/> Personal in Extraordinary Unforeseen Circumstances		
Reason:		
<input checked="" type="checkbox"/> Other (specify): TESL	<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> Purchased (Approval to access the Purchased Leave Scheme is required prior to submitting this application.)		
<input type="checkbox"/> Maternity/Primary Care Giver/Special Maternity/Adoption	<input type="checkbox"/> Certificate/other documentation	

Period and Payment For From: and To: boxes use 00:00 format - 16:00 will convert to 4:00 pm, 4:00 will convert to 4:00 am

<input checked="" type="checkbox"/> Full pay	From: 8:00 am on 08-May-24	To: 5:00 pm on 15-May-24
	Total days requested: OR	Total hours requested: 10.00
<input type="checkbox"/> Half pay	From: on	To: on
	Total days requested: OR	Total hours requested:
<input type="checkbox"/> Without Pay (Personal/Maternity/Primary Care Giver/Parental/Other)	From: am/pm on	To: am/pm on

Signature: *[Handwritten Signature]* Date: :

Manager/Supervisor to Complete *Manager/Supervisor is your direct line manager*

<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Not supported, reason:
Name: C. PERELSON	Position Title: Select: Endocrinology unit director
Signature: <i>[Handwritten Signature]</i>	Date: 12/3/14

Delegate to Complete *Delegate is your medical unit director*

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not approved, reason:
Name: C. PERELSON	Position Title: Select: Endocrinology unit director
Signature: <i>[Handwritten Signature]</i>	Date: 12/3/14

Shared Services to Complete

Email to Salary Packaging advising of reduced pay and leave dates <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Salary Adjustment Date:
Prepared by:	Signature: Date:
Checked by:	Signature: Date:

Send to Shared Services for action via: Internal mail to Shared Services, inyu ouse, ox 1 Canberra CT 601
 Email to HRSharedServices@act.gov.au



Travel Form

Please note:

All domestic and trans-Tasman flights must be booked using the **QBT Online Booking Tool**.

For international bookings, please complete the ACT Government Booking form on the <http://sharedservices/ACTGovt/Procurement/Buying/Existing-Contracts/Flight-Bookings.htm>

For all other travel related information please see Buying Goods and Services intranet site.

Travel Requisition No:

QBT → ☎ 1300 797 357

Form to be completed by the traveller and approved by the delegate before any travel or accommodation is booked.

TRAVELLER'S DETAILS			
Name:	Robert Schmidli	Classification:	SS/SSS
Group:	CHS	Unit:	Medicine (Endocrinology & Diabetes)
or phone:	0413 614 456	Fax:	
Home address:	27 Custance Street, Farrer, ACT 2607		Home Phone: 0413 614 456
			Corporate Frequent Flyer Number: <input type="text"/>
<small>Note: Frequent Flyer points are no longer accumulated. However, a flight will count towards your airline club status progression</small>			

TRAVEL DETAILS							
Reason/s for travel:		Funding not being sought for travel					
Departure and Arrival Details				<i>(complete times and flight details after travel is approved)</i>			
Depart location	Date	Time	Arrive location	Date	Time	Travel class	Airline, flight no.
Canberra	08-May-24	10:30 am	Stockholm			P/economy	QF 1434, QF 001, SK 526
Stockholm	15-May-24	11:55 am	Canberra			P/economy	SK 531, QF 002, QF 1429
If travelling by private vehicle:							
Please attach copies of your current driver's licence and comprehensive insurance.							
Make, model and engine capacity of vehicle: <input type="text"/>							

ACCOMMODATION DETAILS

ACCOMMODATION AND TRAVEL STANDARDS

Note: All accommodation bookings must be made through Lido's online booking portal/form

	Domestic		International	
Director-General	4.5 star*	Economy Class under 4 hours, over 4 hours Business Class	4.5 star*	Business Class
Executives	4 star*		4 star*	
Non-Executives	3 star*	Economy Class	3.5 star*	Economy Class

If you intend to seek approval to vary from accommodation standards, please provide your reasons:

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Accommodation details

(to be completed after approval to travel is given)

Include any private accommodation details

Date in	Date out	Hotel/Motel/Apartment	*Accom rating	Address	Phone
09-Feb-24	15-May-24	Best Western Royal Star		Mässvägen 1, 125 30 Älvsjö, Sweden	+46 8 99 02 20

Details of any leave or non-official travel which you intend taking directly before or after your official travel

From: To: Further information:

Payment of out of pocket expenses:

Corporate credit card or reimbursement are the preferred methods of payment for meals and incidental expenses. Actual reasonable costs will be reimbursed upon the provision of receipts. All advances must be acquitted.

Advance: \$ BSB No: Account No:

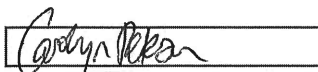
Signature of traveller



Date

MANAGERS SUPPORT - funds are available and travel is recommended *Manager is your direct line manager*

Signature of supervisor:



Select:

Date

APPROVAL OF TRAVEL *Delegate is your medical unit director*

Signature of delegate:



Pos No.:

Classification:

Select:

Date

Signature of Director-General/Minister: *(for international travel only)*

Date

BOOKING REFERENCE:

TRAVEL COSTS:

COST CODES:

Advance and CabCharges acquitted *(finance officer)*

Advance and CabCharges reconciled

Signature of finance officer

