

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	Surname
Mobile	Preferred Email
Home Address	

Section Two Employment Arrangements

Organisation	Medical Unit	Length of Service				
<i>Please select Classification – Part Time/Full Time – Permanent/Temporary/Contract as appropriate</i>						
If you are part-time specify FTE:		If you are temporary or on contract specify length of contract:				
If you are part-time or have a flexible arrangement indicate the days you work below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Section Three TESL Activity Details

1	Activity Name:					
	Location:	Online	Dates		to	
2	Activity Name:					
	Location:	Online	Dates		to	
3	Activity Name:					
	Location:	Online	Dates		to	

Section Four Funding Requested

Registration Fee	\$	Accommodation	OR	Per Diem Allowance
Membership Fee	\$	Airfare		
Textbook	\$	Incidentals		
Other (please specify)	\$			<i>for more info about receipts v Per Diem</i>

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

Section Five Additional Forms for Completion

Do you require TESL to complete this activity?	No Complete and submit this 2-page TESL/MEE Application Form 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?	No Complete this 2-page TESL/MEE Application Form 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.	No 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			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

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

! 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
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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
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Name: _____

Date: _____ 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:		Given names:	
Choose Organisation:		Classification:	AGS/Employee Number:
Are you currently salary packaging?		Tel (work):	Tel (on leave):
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 type="checkbox"/> Other (specify):		<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> Purchased (<i>Approval to access the Purchased Leave Scheme is required prior to submitting this application.</i>)			
<input type="checkbox"/> Maternity/Primary Care Giver/Special Maternity/Adoption		<input type="checkbox"/> Certificate/other documentation	
Period and Payment <i>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</i>			
<input type="checkbox"/> Full pay	From: on		To: on
	Total days requested:	OR	Total hours requested:
<input type="checkbox"/> Half pay	From: on		To: on
	Total days requested:	OR	Total hours requested:
<input type="checkbox"/> Without Pay <i>(Personal/Maternity/Primary Care Giver/Parental/Other)</i>	From: am/pm on		To: am/pm on
	Signature: 		
Date: :			
Manager/Supervisor to Complete <i>Manager/Supervisor is your direct line manager</i>			
<input type="checkbox"/> Supported		<input type="checkbox"/> Not supported, reason:	
Name:		Position Title:	Tel:
Signature:		Date:	
Delegate to Complete <i>Delegate is your medical unit director</i>			
<input type="checkbox"/> Approved		<input type="checkbox"/> Not approved, reason:	
Name:		Position Title:	Tel:
Signature:		Date:	
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:
 Email to HRSharedServices@act.gov.au

Internal mail to Shared Services, inyu ouse, ox 1 Canberra CT 601

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://shareservices/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:		Classification:	
Group:		Unit:	
or phone:	Fax:	Home Phone:	
Home address:		Corporate Frequent Flyer Number: <i>Note: Frequent Flyer points are no longer accumulated. However, a flight will count towards your airline club status progression</i>	

TRAVEL DETAILS							
Reason/s 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.
If travelling by private vehicle: Please attach copies of your current driver's licence and comprehensive insurance. Make, model and engine capacity of vehicle:							

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:

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

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

From:	To:	Further information:
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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:
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Signature of traveller	Date
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MANAGERS SUPPORT - funds are available and travel is recommended *Manager is your direct line manager*

Signature of supervisor:	Date
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APPROVAL OF TRAVEL *Delegate is your medical unit director*

Signature of delegate:	Pos No.:	Classification:	Date
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Signature of Director-General/Minister: <i>(for international travel only)</i>	Date
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BOOKING REFERENCE:
TRAVEL COSTS:
COST CODES:

Advance and CabCharges acquitted <i>(finance officer)</i>	
	Advance and CabCharges reconciled
	Signature of finance officer