



# THE UNIVERSITY OF THE WEST INDIES

## Human Resource Management Division

Mona Campus

### APPLICATION FOR ASSISTANCE FROM THE STAFF DEVELOPMENT FUND

For courses/programmes beginning in September applications for assistance must reach the Human Resources Division no later than **July 31** of the same year. Application for courses/programmes beginning in January must reach the HR Division no later than **October 31** of the preceding year.

#### Applications will normally only be approved if:

- (a) Course or programme contributes to the achievement of the University's strategic objectives.
- (b) Course or programme is job related.
- (c) Employee is employed full-time for at least three years
- (d) Entry to the programme is approved
- (e) Where necessary, leave has been approved
- (f) Period of appointment covers the length of study
- (g) Performance Appraisal forms are attached to application
- (h) Bonding arrangements between the University and the applicant have been agreed upon
- (i) Applicant is academically qualified
- (j) Applicant's new skills will be utilized on the job

Priority will be given to applicants whose course/programme contributes to the achievement of the following strategic objectives:

- The development or enhancement of skills and competencies in key strategic areas where gaps exist across the campus.
- Enhancement and/or development of income generation or cost reduction initiatives
- Improvement in process efficiency and/or the enhancement of productivity

#### SECTION 1- APPLICANT DETAILS

EMPLOYEE number

Prefix: (Mr., Mrs., Miss, Dr., other-specify) \_\_\_\_\_

Family Name \_\_\_\_\_ Given Name/s \_\_\_\_\_

Position Title \_\_\_\_\_ Department \_\_\_\_\_

Summary of Qualifications \_\_\_\_\_

Email address \_\_\_\_\_

Employment Status:

- a) Tenured \_\_\_\_\_ or Fixed-term \_\_\_\_\_ → End of Contract (yy/mm/dd) \_\_\_\_\_
- b) Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_

**SECTION 2- PROGRAMME DETAILS**

2.1 Please provide details of the programme/course for which the fund is sought e.g., title, dates, location, content. Attach a copy of the brochure, or if this is unavailable, a detailed programme outline.

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2.2 What are the objectives of the course/programme?

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2.3 How will this course assist in the performance of your current responsibilities?

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2.4 Describe how this course contributes to the achievement of at least one of the strategic objectives identified . (*Continue on a separate sheet of paper if necessary*).

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2.5 Describe how this programme contributes to the long term goal/s of any or all of the following: Section/Department/Faculty/University (*Continue on a separate sheet of paper if necessary*).

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**SECTION 3- PROGRAMME EXPENSES & CONTRIBUTION DETAILS**

**3.1 PROGRAMME EXPENSES**

Please quote costs.

Types of Cost	\$						c		
Registration /Workshop Fee							.		
Airfare/Travel							.		
Accommodation							.		
Meals & other expenses ( <i>If excluded from registration fee</i> ). Please specify type of expense							.		
<b>TOTAL COST OF PROGRAMME</b>							.		

**3.2 DETAILS OF CONTRIBUTION**

Contribution details	\$						c		
Departmental contribution							.		
Support from other UWI sources							.		
Personal Contribution							.		
Support from other external sources							.		
<b>TOTAL CONTRIBUTION</b>							.		

**3.3** Assistance sought from the Staff Development Fund \$

**3.4** Required time away from work to attend programme \_\_\_\_\_

**3.5** Applicant's signature Date  (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_

**4 SECTION 4- ENDORSEMENT BY HEAD OF DEPARTMENT**

4.1 I support / do not support this application and attach hereto a copy of the last performance appraisal for the member of staff.

4.2 Rationale for supporting/not supporting application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3 Comments and recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.4 I support /do not support leave/ time off from work for the applicant to attend the programme

4.5 Signature \_\_\_\_\_ Date (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR HUMAN RESOURCE USE ONLY**

Employee Status \_\_\_\_\_

End of Contract (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave Approval Granted \_\_\_\_\_

Leave Period \_\_\_\_\_

Type of Leave \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_