



APPLICATION TO ATTEND AD HOC TRAINING

This form is to be used to gain approval from Ministerial and Parliamentary Services to attend ad hoc training or professional development at Commonwealth expense.

Note: Please refer to the *Commonwealth Members of Parliament Staff Enterprise Agreement 2012–2015* and the *Guideline on Learning and Development* for more information regarding ad hoc training.

Ad hoc learning and development opportunities for Government Personal Employees and Personal Employees of Presiding Officers will be provided by their home departments.

<p>Options for returning your completed form</p> <p>Scan and Email to: mpshelp@finance.gov.au</p> <p>Fax to: (02) 6267 3271</p> <p>or Post to: Ministerial and Parliamentary Services Department of Finance John Gorton Building King Edward Terrace PARKES ACT 2600</p>	<p>Enquiries: Staff Help Desk</p> <p>Email: mpshelp@finance.gov.au</p> <p>Phone: (02) 6215 3333</p>
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PART A – APPLICANT TO COMPLETE

PERSONAL DETAILS	▶ Last name	<input type="text"/>
<p>Please note: Final approval of this application rests with M&PS and must be granted prior to the training taking place.</p>	▶ First name	<input type="text"/>
	▶ Senator/Member	<input type="text"/>
	▶ Work address (<i>in full</i>)	<input type="text"/>
		<input type="text"/>
	Postcode	<input type="text"/>
	▶ Work phone number	(<input type="text"/>) <input type="text"/>
	▶ Work email address	<input type="text"/>
	▶ Classification	<input type="text"/>
	▶ Employment status	Ongoing <input type="checkbox"/> Non-ongoing <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

COURSE TRAINING ACTIVITY DETAILS	▶ Name of course/seminar/workshop/conference	<input type="text"/>
	<i>(Flyer, brochure or other training information must be attached)</i>	
	▶ Location	<input type="text"/>
	▶ Date of training	<input type="text"/> / <input type="text"/> / <input type="text"/>
	▶ Costs	\$ <input type="text"/>

SIGNATURE	▶ Applicant's signature	<input type="text"/>	Date	<input type="text"/>
				/ /

SUPPORTING COMMENTS	▶ Please use the space below to describe how this training has relevance to your office and how attendance will enhance your skills and ability to support your Employer.

PART B – SENATOR OR MEMBER TO COMPLETE

RECOMMENDATION	▶ I support this application because it has relevance to the work of this office.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ The training provides a genuine development opportunity for the Employee.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ In my opinion, the attendance at this training represents value for money.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

TRAVEL	▶ Members and Senators with Electorate offices outside the greater metropolitan area of capital cities are provided with 3 trips per financial year (or 4 trips in Electorates with two official Electorate offices) specifically for their Employees to attend training and professional development in their nearest capital city.		
	▶ To attend this training, I am authorising use of one of these trips.	No <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

SUPPORTING COMMENTS	▶ Please use the space below to provide any comments on this application

SIGNATURE	▶ PLEASE NOTE: Final approval for this application rests with Ministerial and Parliamentary Services. No reimbursement will be made for costs associated with training if approval is not granted.	
	▶ Senator, Member or Authorised Officer's signature	
		Date <table border="1" style="width: 60px; height: 20px; text-align: center;">/ /</table>
	▶ Name (if Authorised Officer)	

PART C – MINISTERIAL AND PARLIAMENTARY SERVICES TO COMPLETE

APPROVALS	▶ After reviewing all available information I am satisfied that expenditure of public funds on this application represents value for money?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ I am satisfied that there is sufficient evidence that attendance at this activity represents a genuine development opportunity for the Employee.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ This activity does not duplicate an activity with similar outcomes available through the Professional Development Program offered by the department.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	▶ This application is approved.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you indicated 'No' please provide advice below as to why ←

SIGNATURE	▶ Delegate's signature		Date <table border="1" style="width: 60px; height: 20px; text-align: center;">/ /</table>
	▶ Name		
	▶ Classification:	<i>Entitlements Manager</i>	