



MOP(S) ACT EMPLOYEES not including Government Personal employees and Personal employees of Presiding Officers

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 2016–2019 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: MOPSPay&Conditions@finance.gov.au or Post to: Ministerial and Parliamentary Services Department of Finance One Canberra Avenue FORREST ACT 2603</p>	<p>Enquiries: Ministerial and Parliamentary Services Email: mpshelp@finance.gov.au Phone: (02) 6215 3333</p>
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PART A – EMPLOYEE TO COMPLETE

EMPLOYER DETAILS	▶ Employer name	<input type="text"/>
	▶ Employer state	<input type="text"/>

EMPLOYEE DETAILS	<p>Please note: Final approval of this application rests with M&PS and must be granted prior to the training taking place.</p>	
	▶ Full name	<input type="text"/>
	▶ Work email address	<input type="text"/>

COURSE TRAINING ACTIVITY DETAIL	▶ 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"/>
	▶ Costs	\$ <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.
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE	▶ By signing this form, I acknowledge that:	
	<ul style="list-style-type: none"> • I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i>. • I have read and understood the Privacy Collection Notice (see below). 	
	Signature of applicant	Date
	<input type="text"/>	<input type="text"/>

PART B – EMPLOYER 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 4 trips per financial year (or 5 trips in Electorates with 2 official Electorate offices or 6 trips in Electorates with 3 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"/>
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Please note: Employees should clearly mark their Form 54: Travelling and/or Motor Vehicle Allowance Claim (www.ipea.gov.au/travel/docs/Form_054.pdf) as being for attendance at PDP or approved ad hoc training to ensure that the costs are not debited against the electorate support budget. Senators and Members should monitor monthly management reports and advise IPEA of any associated fare costs appearing in the report that should not be attributed to the electorate support budget.

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

SIGNATURE	▶ By signing this form, I acknowledge that: <ul style="list-style-type: none"> • I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i>. • I have read and understood the Privacy Collection Notice (see Page 1). 						
<p>Please note: Final approval for this application rests with M&PS. No reimbursement will be made for costs associated with training if approval is not granted.</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Signature of Employer or Authorised Person</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="border: 1px solid black; height: 40px;"></td> <td style="border: 1px solid black; text-align: center;">/ /</td> </tr> <tr> <td colspan="2">Name (if authorised person) </td> </tr> </table>	Signature of Employer or Authorised Person	Date		/ /	Name (if authorised person) 	
Signature of Employer or Authorised Person	Date						
	/ /						
Name (if authorised person) 							

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	▶ Signature of Delegate		Date
			/ /
	▶ Name		
	▶ Classification:	<i>Advice and Support Director</i>	