**ACADEMIC DEVELOPMENT FUNDING APPLICATION FORM**

To apply for Career Break Funding, this form must be completed and sent to your Head of School/Institute for consideration.

**SECTION A *To be completed by member of staff***

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| --- | --- | --- | --- |
| Na**m**e |  | Department |  |
| Job Title |  | Employment Start Date |  |
| Reasons for applying for funding and evidence of how this will contribute to you maintaining your academic trajectory and to the advancement of your academic career. |
|  |
| Amount of funding requested: | Date(s) funding required: |
| I confirm that I intend to return to work following the period of leave and to remain in the employment of the University or in an academic post for at least 12 months after this period of leave |
| Signature: | Name (Printed): |
| Date |  |

**SECTION B *To be completed by Head of School/Institute and returned to Human Resource***

I support/ do not support *(delete as appropriate)* the above application for career break funding.

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| Please outline your reasons for supporting or not the application. |
| Head of School Signature: | Name (Printed): |
| Date |  |
| APPROVED/NOT APPROVED | Paul Stewart – Dean of MedicineSignature: |
| Date |  |