## **Staff Scholarship Funding Application Form - Attachment**

## For Completion by Cost Centre Manager / Supervisor / Head of Division prior to submission of application

(This section must be completed by the Cost Centre Manager, Supervisor or Head of Division of your Department / Unit. It cannot be completed by the applicant)

Name of applicant

Applicant's position

department / unit perspective?

Comment if desired

Your position & operational relationship to the applicant

Your name

Your contact number										
Your email										
Your address (for corresponde regarding this application)	nce									
Please provide information reg following (mark on a scale from						_			n in line	with the
	1	2	3	4	5	6	7	8	9	10
How do you believe this application is relevant to Organisation Values / Priorities from your										

	1	2	3	4	5	6	7	8	9	10
How is this application relevant to the applicant's position responsibilities?										

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How is this conference / workshop / seminar relevant to the applicants personal and career development (ie PP&R)?

If the applicant is presenting a paper / poster how is this relevant of the organisational values / priorities or the applicants position from the perspective of your unit / department?

Please provide any other con selection panel in making a d	nments / informatio ecision regarding t	on you feel may be re his application.	elative to this app	olication or that ma	y assist the
Cost Centre Manager / Superv					
I have been consulted by the herein is correct and that any accommodated within the ava	leave and operation	onal issues that will b			
	nable resources of	tile Department.			
Signature of Cost Centre Man				Date	
				Date	
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What priority would you place on this application from the perspective of your unit / department? Mark on a scale from 1 to 10 with 1 being not very relevant and 10 being extremely relevant.