

In order to confirm your eligibility for postgraduate study fee help and study leave, please submit this form **PRIOR** to commencing your program of study. This will enable the CSO to offer advice on your planned program of study and approve your eligibility to claim for reimbursement of fees and study leave.

If you are considering a role in senior leadership, see the section on [Accreditation to Work, Teach and Lead](#) on the CSO website to find out about the academic and faith formation qualifications required (Categories D and E) in the Diocese of Maitland-Newcastle.

The CSO will contact you to discuss your postgraduate study options, to advise if your application has been approved, and to advise how to claim reimbursement and take study leave if you are eligible.

Please sign and return the application to **Assistant Head of Schools team** by emailing :enrolments@mn.catholic.edu.au.

PLEASE NOTE:

1. This form is for the information of the Catholic Schools Office only. It is not an enrolment or course/unit registration form. Enrolment in a unit or course should be completed directly with the appropriate institution of study.
2. Financial assistance will not be provided for postgraduate study if you have not advised the CSO prior to commencing your study program.
3. Claims for reimbursement must be submitted within 2 years of completion of study.

FAMILY NAME:		
GIVEN NAMES:		
SCHOOL:		
CONTACT NUMBERS:	MOBILE:	WORK:
EMAIL:		
ARE YOU SEEKING TO OBTAIN ACCREDITATION TO WORK, TEACH AND LEAD? IF SO, AT WHAT LEVEL?		
NAME OF POSTGRADUATE COURSE TO BE UNDERTAKEN:		
DATE OF COMMENCEMENT OF STUDY AND ANTICIPATED FINISH DATE:		
INSTITUTION:		
DELIVERY MODE:		

I confirm that I am a permanent full-time employee of the Catholic Schools Office.

Signature:	
Date:	

OFFICE USE ONLY

Application Reviewed By:	[Name]
Postgraduate Study Options Discussed with Applicant:	[Date and Comments/Advice]
Process for Reimbursement and Study Leave Discussed with Applicant:	[Date, Comments, Contact details for Course Results and Invoice For Fee Payment]
Approval for Applicant to Claim for Fees and Study Leave:	[Signature and Date]
Recorded:	[Signature and Date]