****

**Academic Returner Application Form**

Please complete **Section 1 – 3** of this application form as per the Academic Returners Policy.

Once you have completed it then please send to your Head of Department/Division to commence the approval process.

|  |
| --- |
| **Section 1: Personal Information** |
| First Name |  |
| Surname |  |
| Email Address |  |
| Current Grade |  |
| Faculty |  |
| School |  |
| Department |  |
| Contract Type:* Teaching and Scholarship
* Teaching and Research
 |  |

|  |
| --- |
| **Section 2: Reason for Extended Leave** |
| Please confirm the reason for your extended leave: * Maternity Leave
* Adoption Leave
* Shared Parental Leave
* Career Break
* Sickness Absence
* Other
 |  |
| If Other - please insert the reason for the extended leave. |  |
| Date Leave Commenced  |  |
| Date Leave Ended (or is due to end)  |  |
| If overall leave was split as part of Shared Parental Leave, please include all start and end dates. |  |

|  |
| --- |
| **Section 3: Funding Information** |
| Please confirm what funding you are applying for as per the Academic Returners Policy Section 1.4 |
| Please detail how you intend to use the funding and how you believe it will benefit your school/department, providing a full breakdown of costs.  |
| Please detail how the funding will benefit you on your return from your period of leave.  |

Once you have completed Section 1 – 3 then please submit this to your **Head of Department** who will complete Section 4.

If approval is obtained, your Head of Department should submit Section 1 - 4 to the Head of School to complete Section 5.

|  |
| --- |
| **Section 4: Head of Department/Division Approval** |
| Please confirm if you approve this application  | Yes No  |
| If Yes: Please include a statement of how the School/Division/Department will accommodate the scheme. For example, through cover recruitment, training of other employees, mid-point Line Manager meeting to ensure the Returner is satisfied etc.  |
| If Yes: Please explain how the applicant’s personal and professional development will be enhanced by the additional funding. Please include confirmation of support for the individual’s planned activities under the scheme (250 words maximum) |
| If No: Please provide reasons for why this application has not been approved  |

**Note to Head of Department**: If approval is obtained, please submit this application form to the Head of School to complete Section 5.

If you have not approved this application, then please ensure that the reasons are detailed above, and an [outcome letter](https://documents.manchester.ac.uk/display.aspx?DocID=68894) is provided to the applicant. This should be completed within one month of the application being made. You can contact your People and OD partner to discuss the contents of the outcome letter.

|  |
| --- |
| **Section 5: Head of School Approval** |
| Please confirm if you approve this application  | Yes No  |
| If No: Please provide reasons for why this application has not been approved  |

Note to Head of School: Once this application has been completed and your decision confirmed please return to the applicants Head of Department/Division and Head of School Operations to complete the [necessary outcome letter](https://documents.manchester.ac.uk/display.aspx?DocID=68894) to return to the applicant. This should be done within one month of the application being made.