

# Application for Civil Schooling Scheme (CSS) - RAN

## Applicant's details

Printed name		Rank	Employee ID
Category or Primary Qualification (PQ)		Ship or establishment	
Contact telephone number (Preferably mobile)		Email address	
Are you currently Primary Qualification (PQ)/Category qualified?		Date appointed or enlisted	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	

## Intended study (For academic year)

Course title		Institution	
<input type="checkbox"/> Semester	<input type="checkbox"/> Trimester	<input type="checkbox"/> Short course	Mode of study
		<input type="checkbox"/> Campus	<input type="checkbox"/> Online
		<input type="checkbox"/> Intense delivery	
Study load		If 'Other' please specify	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Other	
University ID number (If appropriate)			
Date study commences (For this study session)		Date study concludes (For this study session)	
Will there be an ongoing liability for future academic years?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
When will you complete this qualification?			
Final semester of study		Final year of study	
Previous study units completed			
Proposed subjects for this academic year			
Subject code	Study period	Subject name	EFTSL value
Are there any elective subjects held overseas or interstate?			
<input type="checkbox"/> No <input type="checkbox"/> Yes ➔ Attach details			

## Proposed expenses (Note: ADFA postgraduate study has no tuition fees.)

Attach Travel Budget (Note: If Travel Budget is not attached, no travel funding will be allocated.)

Tuition/Amenities	Estimated cost of textbooks	CSP	Compulsary travel costs
Details of other costs (eg Project)			Costs
Total costs			

**Member's declaration**

I have read DI(N) PERS 20-4 - Civil Schooling Scheme for Naval Personnel and declare that the details in this application to be correct.

Signature	Printed name	Rank	Date
Justification			

**Head of Department or Undergraduate Liaison Officer's declaration**

All the questions have been answered fully or adequate documents and/or explanations have been provided to enable the approving authority to properly assess the application.

Satisfied       Not satisfied

The application is:

Recommended       Not recommended

Member can be spared for the time requested

No       Yes

The member has been made aware of the obligations and benefits applicable under DI(N) PERS 20-4, DI(N) PERS 38-10 and DI(N) PERS 31-49 if applicable.

Signature	Printed name	Rank	Date
Email address			Phone number
Comments			

Application is forwarded:

Supported       Not supported

**Director / Commanding Officer's declaration**

Application is endorsed       Application **not** endorsed

Signature	Printed name	Rank	Date
Email address			Phone number
Comments (If required)			