



Requirements for support:

- Complete this form **at least 2 weeks** (Domestic) and 6 weeks (International), **prior to travel booking**
- Applications which are incomplete, without appropriate attachments or without authorised signature **will NOT** be processed until all information is provided.

SECTION A: Personal Information AND Leave Details (ALL applicants to complete)

Travel Type:		School/Area:		Campus:	
Staff Member, ID:		Student, ID:			
Name:		Email:	@deakin.edu.au		
Mobile:		Other contact:			
Application For:	Staff Conference – Complete sections A B C F G		Staff Research – Complete sections A B D F G		
	HDR Conference – Complete sections A C F G		Recruitment – Complete sections A B D F G		
	Training Support – Complete sections A E F G		Marketing Activities – Complete sections A E F G		
	Other reason, e.g. study tours, business development – Complete sections A B F G (include all applicable attachments)				
Travel dates:	From:	To:	Total number of days away:		
	Conference Leave		From:	To:	Days:
	Research Leave		From:	To:	Days:
	Recreational Leave <i>(Have you had a FBT assessment done? – Staff Only)</i>		From:	To:	Days:
	Other, specify:		From:	To:	Days:
Name of other Staff/Students travelling:					
Reason for travel – Summary of purpose, how activity will support university and yourself and what your planned outcomes are:					

SECTION B: Leave Arrangements (Academic Staff ONLY)

Have you applied for the appropriate leave in DeakinPeople	
Are there any teaching duties or responsibilities, including HDR Supervision during this time?	No
	Yes, specify arrangements below:
	Staff member(s) to cover my responsibilities during this time: HDR Supervision arrangements:

SECTION C: Conference Leave Applications ONLY

Please attach a copy of the following documents where applicable:	
A copy of your full paper (or abstract if the full paper is unavailable)	Your paper acceptance letter/email Previous grants (for current and previous years)
Conference Name:	
Name of Organising Body:	Start Date: End Date:
Conference Website:	
Conference Location:	(State/Region and Country where applicable)
Are you presenting?	Yes , Title of Presentation:
	No , Reason for Attending:

SECTION D: Research/Recruitment Applicants ONLY (Collaboration, Laboratory work, overseas recruitment, ASL)

Please attach a copy of the following documents:	
A detailed itinerary of your proposed activities during your absence from the University (e.g., dates, locations and activities)	
Invitation letter/email from the institution or academic you are visiting	
If doing Field Work/off campus activities you must complete the Work Safety Assessment Form and attach to this application	
Institution:	
Institution Contact Name:	Phone: Email:
Location:	(State/Region & Country where applicable)

SECTION E: Training Support/Marketing Activities Applicants ONLY

Please attach a copy of the following documents:

Detailed course description

Copy of training brochure (if available)

Itinerary of proposed activities

Organisation:		Supporting Comments:
Location:	(State/Region and Country where applicable)	

SECTION F: Funding (ALL applicants to complete)

Please indicate the funding you are seeking in the table below. Include \$0 amounts if no funds are to be reimbursed.

Attach any quotations received.

NOTE: Reimbursement requests will **only** be processed for the approved amounts below. Any additional expenditure may not be refunded.

Details of accounts proposed to be debited: (please ensure account code is correct and there is sufficient funding in the account)

Faculty Research Funds:

School Funds:

HDR Funding (\$3,000)

**Written/email approval must be provided from Research Services*

Other Funds, specify:

(e.g. personal, sponsorship, grants etc.)

Priority of Funding	Amount (e.g. 1234.56)	Details	Account Code			
Airfares (+15% to Reho quote)	\$					
Accommodation	\$					
Meals	\$					
Travel (e.g. Taxi, train, hire car)	\$					
Registration Fees	\$					
Other	\$					
Total Funding Request:	\$					
Funding comments: (e.g. split funding)						
Will you be receiving any other funding to support this travel from another source? (Host institution, conference organisers etc.) Attach all supporting documents/emails			No	Yes, specify:		
Fund source:	Amount \$	Fund purpose:				

SECTION G: Certification (ALL applicants to complete)

By filling out this travel pre-approval application form, you declare that you are (or acting on behalf of) the applicant and that all information provided (including any attachments) is correct and certify the following (where applicable):

Members of the University who travel must ensure that their travel arrangements meet any relevant Fringe Benefits Tax (FBT) requirements, in accordance with the [FBT Travel Benefits Guide](#)

Yes, I have fully read, understood and complied with the requirements above and University Conference Support, Research Leave Guidelines and University Travel Procedure.

Yes, I understand a Travel Diary must be completed for all overseas travel and certain domestic travel.

Staff travelling internationally need to refer to the [Deakin Travel Insurance website](#) and follow the requirements stipulated there to ensure they are appropriately covered by travel insurance.

International Travel Only:

Yes, I have checked VISA requirements for the country/countries I am visiting.

Yes, I have consulted the [DFAT Smart Traveller website](#) and understand the advice contained and will continue to monitor this website for changes in advice

Yes, I have completed the [International Travel Risk Assessment form](#)

Yes, I have obtained the emergency assistance contact numbers

SECTION H: Pre approval Authorisation (*This section must be signed)

Approval Status:		Date:	
Manager Name:		Comments:	
Signature:			