



THE UNIVERSITY OF
MELBOURNE

Melbourne Graduate School of Education Application To Study Away

Research-classified DEd and MEd candidates, not receiving a Melbourne University Scholarship, who are seeking to study away from the University should complete and submit this form to Research Services, Melbourne Graduate School of Education. Candidates remain enrolled and no change is made to their course completion dates. After a total of 12 months' study away has been accumulated, any further applications need to be documented carefully and presented as a special case.

The University's privacy statement can be viewed at <http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>

TITLE	<input type="text"/>	FAMILY NAME	<input type="text"/>	STUDENT NO.	<input type="text"/>
GIVEN NAME(S)	<input type="text"/>			DEGREE	<input type="text"/>
DEPARTMENT	<input type="text"/>			SCHOLARSHIP	<input type="text"/>
ADDRESS	<input type="text"/>				
POST CODE	<input type="text"/>	CONTACT PHONE NO	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>				

CONTACT ADDRESS FOR CORRESPONDENCE IF DIFFERENT FROM ABOVE:

Note: Re- enrolment papers will be sent to this address.

I wish to apply for permission to study away from the University:

Whilst holding a scholarship/award Whilst not holding a scholarship/award

For the period of to

I have the necessary funds to cover travel expenses and incidental costs. I wish to study away for the following reasons, and at the following location:

All applications for study away **MUST** be accompanied by a completed *Guideline Form For Off Campus Travel And Work Policy* and if a potential hazardous or unique risk is identified either while travelling or in the activities you will be engaged in whilst away then you must also complete and submit a 2 variable or 3 variable risk assessment form. All these forms are available for download from <http://www.unimelb.edu.au/ehsm/A.html> and should be completed in conjunction with your supervisor who must authorise these forms. **Your application to study away will NOT be processed at Research Services unless the *Guideline Form For Off Campus Travel And Work Policy* and if applicable, a 2 variable or 3 variable risk assessment form is attached to this application.**

Students will not be permitted to travel to, or remain in countries with a Travel Advisory of 'Do not Travel' OR 'Reconsider your Need to Travel' for offshore work or study conducted under the auspices of the University.

In considering to study away it is important that you,

1. Ensure that you are not planning to study away in a destination with a travel advisory of 'Do not travel' OR 'Reconsider your Need to Travel' using the most up to date information available from the DFAT website at <http://www.smartraveller.gov.au/>. If you seek exemption from this requirement because of special circumstances you must also attach documentation indicating the approval of the Head of your Department and the Academic Registrar.
2. Advise your department of your contact details while overseas and itinerary before departing from Australia.
3. Are aware that your study away will be considered **cancelled should the country you are travelling to be reclassified with the advice of 'Do not travel' or 'Reconsider your Need to Travel'**.

Students applying for leave to study away from campus should read the Off Campus Guidelines in Section 7.1 of the Environment Health and Safety Manual. This information can be viewed online at <http://www.unimelb.edu.au/ehsm/7.html>.

The University also has in place a travel insurance policy covering all students who travel as part of their course, which is made available to students at no cost upon registration with the Insurance Office via the lodgement of the Registration Form at least 5 University Business Days – Prior to Departure. **This is a separate form from the application to Study Away.** Please note that strict conditions apply. Refer to the Insurance website at http://www.unimelb.edu.au/insurance/students/trav_ins.html for further information regarding travel insurance. **Students should ensure they have adequate travel insurance.**

STUDENT'S SIGNATURE DATE

FOR COMPLETION BY THE SUPERVISOR AND HEAD OF DEPARTMENT

We approve the above request and confirm that appropriate arrangements have been made for the candidate's work to be supervised.

We certify that the work is a necessary and integral part of the candidate's research program, that the student is required to continue enrolment at the University, and the work is to be credited towards his/her higher degree candidature.

Study away is for: 3 months or less

more than 3 months (or consecutive periods totalling more than 3 months)

After a total of 12 months' study away has been accumulated, any further applications need to be documented carefully and presented as a special case; a signature without any supportive statement from the supervisor will be insufficient.

SUPERVISOR'S COMMENTS:

The *Guideline Form For Off Campus Travel And Work Policy* and if applicable a 2 variable or 3 variable risk assessment form have been completed in consultation with the student, authorised by the supervisor and attached to this application.

Yes Please note: Research Services cannot process this request unless this paperwork is also attached.

SUPERVISOR'S NAME: **SIGNATURE:** **DATE:**

HEAD OF DEPARTMENT'S COMMENTS:

HEAD'S NAME: **SIGNATURE:** **DATE:**

DATE

OFFICE USE ONLY	
SCHOLARSHIPS APPROVAL: <input type="text"/>	DATE: <input type="text"/>
.....MGSE APPROVAL: <input type="text"/>	DATE: <input type="text"/>
MERLIN UPDATED: <input type="text"/>	



GUIDELINE FORM FOR OFF CAMPUS TRAVEL AND WORK POLICY

EHS Manual

This guideline form is to be used in conjunction with the Environment Health and Safety Manual Section 7.1. Off Campus Travel and Work Policy.

The University is committed to ensuring the safe travel of staff and students. The person travelling shall complete this form. The form shall be submitted and signed to the Supervisor or Head of Department. Information collected on this form will be stored securely and only used or released in accordance with the University's privacy policy (refer to www.unimelb.edu.au/unisec/privacypolicy.htm)

Personal Details

Name: _____ Employee / Student Number: _____

Course & Department: _____

Phone: _____ Mobile: _____

Travel Dates: Departure: _____ Return: _____

Review

All Staff and Students undertaking Off Campus Travel and Work (including overseas travel) are required to read section 7.1. Off Campus Travel and Work Policy in the Environment Health and Safety Manual, <http://www.unimelb.edu.au/ehsm/7.html#7.1>. Risks should be reviewed in the four key areas outlined below.

1. Assess your fitness for Travel and Participation - Consider your fitness for travel and participation in the activity including vaccinations

[Complete the Medical Questionnaire for Off Campus Activities](http://www.unimelb.edu.au/ehsm/Medical_OffCampus.pdf)
http://www.unimelb.edu.au/ehsm/Medical_OffCampus.pdf

[Complete the Overseas Travel Vaccination Guidelines \(if applicable\)](http://www.unimelb.edu.au/ehsm/Travel_form.pdf) http://www.unimelb.edu.au/ehsm/Travel_form.pdf

***2. Mode of Transport** – Assess the risks associated with all travel

Risk Assessment attached (if required) Yes N/A

***3. Assess the Location** - Assess the risks of the location that you are travelling to

Risk Management Office – Travel Risk Management
<http://www.unimelb.edu.au/rmo/travel/risk.htm>

Risk Assessment attached (if required) Yes N/A

***4. Assess and Control Risks of the Activity** - Assess the risks of the activity

Risk Assessment attached (if required) Yes N/A

*A formal risk assessment is only required if risks arising from 2, 3 and 4 are hazardous or unique. If so, you are required to complete a Risk Assessment Form –

2D model http://www.unimelb.edu.au/ehsm/EHS_riskform2.pdf or
3D model http://www.unimelb.edu.au/ehsm/EHS_riskform3D.pdf.

Consent

I have read section 7.1. Off Campus Travel and Work Policy in the Environment Health and Safety Manual and attached a completed risk assessment if required.

Signature of person travelling: _____ Date: _____

Signature of Supervisor/Head of Department: _____ Date: _____