Name: Department:

Email Address: Ext No.

Job Title:

Name and email address of staff member for whom this support application is being submitted:

**From your meeting with the staff member applying to participate on the programme, please respond to the questions below:**

1. **Outline how you think the staff member will benefit from participating in the programme?**
2. **Outline how the Unit or School or College will benefit from the staff member participating in the programme?**
3. **Detail the competencies that need/should be enhanced and explain why development of those competencies is required.**
4. **Outline how you plan on supporting the staff member throughout the programme, specifically how you will help your staff member apply new ideas and approaches in their existing role, balance the commitment to the programme and their work, etc.**
5. **Clarify any additional supporting needs that the participant may require.**

**Note: Please ensure you discuss the application with your staff member prior to submitting as application will only be considered where the relevant Manager has completed and submitted the Support Application form.**

**Notifications will be sent to both the candidate and you when you both submit your relevant application forms.**

**Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**