Research Scholarship Additional Paid Benefits Application Form
For Higher Degree by Research students

Graduate Research School grs@uts.edu.au Level 3, Building 5C, 01 Quay St, Haymarket NSW 2000

Guidelines for application

This form is intended for Higher Degree Research (HDR) students enrolled at UTS who are in receipt of an **active** research scholarship (e.g. RTPS, CRS, RES, UTSD, UTSP, etc) whose conditions for award **entitles** them to either **additional paid sick leave, maternity leave or paternity leave benefits.** Please note that this entitlement does not generally extend to top-up scholarships, which the student may hold.

This form is a request for additional benefits under your scholarship, not for Leave of absence.

> If you intend to apply for **Leave of Absence (LOA)** from your **candidature** during this period, please apply for LOA **separately** through the Variation of Candidature section on our main webpage **before submitting this application to GRS.**
>
> Applications for **Paid Maternity Leave Benefits** will require LOA to be submitted for the equivalent or extended period of time. Both LOA and Paid Maternity Leave Benefits applications must be made no later than 12 weeks from the birth or adoption date. Retrospective applications will not be considered.
>
> Important note: **Research degree census date apply** – please check the dates from https://www.uts.edu.au/current-students/managing-your-course/important-dates/important-dates.
>
> Scholarships will generally be **suspended** during the approved period of LOA for your candidature. Approved additional paid benefits will generally be added to the end of your scholarship tenure unless you advise us in this form.

To be eligible for the additional paid benefits, scholarship holders must **have completed 12 months of their scholarship** for which their entitlements generally include:

- **Paid maternity leave benefit -** up to a maximum of twelve (12) weeks full-time (24 weeks part-time equivalent) during the duration of the scholarship for which an original medical certificate stating the expected due date has been provided.

- **Paid parenting leave benefit –** up to the maximum of four (4) weeks full-time (8 weeks part-time equivalent) period of entitled parenting leave as stated on your Conditions of Award for which an original medical certificate stating the expected due date has been provided.

- **Additional paid sick leave benefit -** up to a maximum of twelve (12) weeks full-time (24 weeks part-time equivalent) during the duration of the scholarship for periods of illness where a student has insufficient sick leave entitlements (10 days) available for which an original medical certificate has been provided for the period requested.

If your scholarship does not belong to the categories listed above, please check your scholarships Conditions for Award provided to you at the time of offer or contact GRS via email grs@uts.edu.au before submitting your application. You will be notified by the Graduate Research School **through your UTS student email** of the outcome of your application once your leave benefits have been approved and processed.

1. Personal Information

Surname		First Name	
Faculty		Student ID	
Name of Scholarship			

2. Benefit Applied

	Paid Maternity Benefits	Expected due date	_____			attached
	Paid Parenting Benefits	Expected due date	_____			attached
	Paid Extended Sick Leave Benefits	From date _____	to			attached
	Unpaid (stop payments while remaining enrolled)	From date _____	to	_____		

Have you applied for Leave of Absence (LOA) for your candidature?   Yes [ ]   No [ ]

If Yes, do you agree approved paid benefit is to be paid during LOA?   Yes [ ]   No [ ]

Name	**Signature**	**Date**

3. Faculty/Institute Section

Note: This approval is only for scholarship additional benefit payments and NOT approval for LOA. Please advise students who wish to take leave from their candidature to submit their LOA.

Comments:

Principal Supervisor

Name	**Signature**	**Date**

Responsible Academic Officer

Name	**Signature**	**Date**

4. Graduate Research School Section

Dean, Graduate Research School

[ ] Approve   [ ] Not Approve

Comments:

Name	**Signature**	**Date**