

STAFF MEMBER DETAILS	
Staff Number: S	Contact Number:
Surname:	First (or chosen) Name:
Title:	Current Position:
Group:	School/Department/Centre:
Current Mode of Employment is: (please mark appropriate box) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
ASP PROGRAM	
Purpose:	
Agreed Objectives	Outcomes
Activities Undertaken	Locations
Outcomes Still to be Achieved	Expected Completion Dates
Achievements/Benefits of Program	
FINANCIAL REPORT	
Variations	
Incomes Received Amount: Source: Purpose: Distribution arrangement:	
University Financial Assistance Amount:	
APPLICANT'S SIGNATURE	
Signature:	Date:
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DEAN'S SIGNATURE	
Signature:	Date: