



**Employer Agreement
General Applicants**
Empowerment through knowledge

To the Applicant: Complete the front page of this form in the places marked with an **asterisk (*)** and provide it to your Employer. This agreement **must** be included with your application.

USE ONLY THIS FORM – DO NOT USE ADDITIONAL PAGES. **TYPE OR PRINT BY HAND.**

To: (Name and address of Employer) *

From: (Name of Applicant) * **Phone No.:**

I am applying for the award of a Bill Raby Diabetes Fellowship to further my Continuing Professional Development in the field of diabetes through: *

The Bill Raby Diabetes Fellowship requires the applicant's Employer to provide their agreement and support for the CPD activity proposed in the Fellowship application. I would be very grateful if you would provide EMPLOYER agreement in the space provided below.

EMPLOYER AGREEMENT

To the Employer: Please refer overleaf for information on the Bill Raby Diabetes Fellowship on completing this agreement.

Name of person completing Employer Agreement:

Position Held: **Name of Employer Organisation:**

I confirm, on behalf of the employer, that:

- We support the CPD Fellowship application, and are willing to allow the applicant to undertake the Continuing Professional Development activity.
- The applicant is employed by us in the capacity of

and has current professional practising status as a

- The applicant will be able to utilise the CPD learning in the course of their employment with us.

Other Comments:

Signature:

Date:

Email Address:

Phone No.:

PLEASE RETURN THIS AGREEMENT TO THE APPLICANT.

EMPLOYER AGREEMENT

The BILL RABY DIABETES FELLOWSHIP

The Bill Raby Diabetes Fellowship was established in the NT in 2005 by the Diabetes Association of the NT Inc, trading as Healthy Living NT.

The principal object of the Fellowship is to perpetuate and honour the memory Bill Raby OBE by the award of Continuing Professional Development Fellowships to advance health professionals' understanding of diabetes, and by doing so, improve the quality and delivery of services to Territorians with diabetes.

EXPLANATORY NOTES TO THE EMPLOYER

This agreement needs to be completed and returned to the applicant as soon as possible to enable them to submit their application.

Applications without all three supporting documents i.e. a Professional Reference, a Character Reference and the Employer's Agreement, will NOT be considered complete and the application will not be accepted.

You can type or print clearly on this form. No other form of agreement is acceptable.

EMPLOYER AGREEMENT

An Employer Agreement should be written by a person who is in a direct supervisory or management capacity to the applicant, who is able to authorise any necessary study leave etc.

By providing the Employer Agreement, you are confirming:

- The employer's support for the application, and willingness to allow the applicant to undertake the Continuing Professional Development activity.
- The applicant's role and nature of employment with the organisation, including confirmation of current practising status.
- The applicant will be able to utilise the CPD learning in course of their employment.

IMPORTANT

In addition to the Employer's Agreement, the Bill Raby Diabetes Fellowship requires that two references accompany each application - Professional and Character – it is not necessary to comment on aspects of the applicant that are covered by the Professional and Character Reference.

Further information on the Bill Raby Diabetes Fellowship may be obtained from www.healthylivingnt.org.au

PLEASE COMPLETE AND RETURN THIS TO THE APPLICANT AS SOON AS POSSIBLE