

Appendix 1: Application for Funding, Study Leave and Learning Agreement

1. This form is to be completed for all learning and development activity that requires study leave and/or funding.
2. It forms the basis of a learning agreement between you as the candidate and your line manager so there is clarity of everyone's responsibilities.
3. This form clarifies the reasons you wish to attend the activity and requires you to consider the benefits to the organisation and your commitment to the training.
4. This form confirms the amount of study time agreed by you and your manager.
5. This form confirms your understanding that the Trust could seek reimbursement from you if any funding provided by the Trust if you leave within 2 years of completing the course of study, or should you voluntarily withdraw from a programme before completing it. These conditions are outlined in the Study Leave and Education Funding Policy (non-medical).
6. By signing this form the manager is agreeing they have considered any backfill requirements and additional support you may require.

Title of learning or development activity you wish to apply:	
---	--

Section 1: Funding Source for Activity	
Funding Source:	<p>Workforce Transformation Budget (WTB) <input type="checkbox"/></p> <p>Continuing Professional Development (CPD) <input type="checkbox"/></p> <p>Self-Funded <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>

Section 2: Applicant Information	
Full Name:	
Job Title:	
ESR/Payroll Number:	
Department:	
Email:	
Work telephone:	
Home telephone:	
Mobile telephone:	

Section 3: Learning and Development Activity		
Activity Title:		
Organisation/Training Provider (e.g. University):		
Academic Level:		
Number of credits:		
Date(s) of course:	Start:	End:
Was training need identified through appraisal?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is mandatory training up to date?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Total amount of funding requested:	£	
What will be the benefit for patients?		
How will this contribute to the Trust's objectives?		
How will learning be shared from this development opportunity?		

I confirm I will undertake this development opportunity in line with the guidance contained within the Trust's Study Leave and Education Funding Policy (non-medical), in particular the points listed at the top of this form.

Section 4: Confirmation of Agreement- Applicant	
Applicant's signature:	
Date:	

Please forward to your line manager for completion of the section overleaf.

Section 5: Confirmation of Agreement – Line Manager		
Please state the reasons for supporting this application:		
Has this individual had an appraisal in the last 12 months?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is this course mandatory for this post?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is this individual's mandatory training up to date?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Agreed study time for learning activity: (e.g. number of days)		
Any agreed additional study time (may be negotiated with manager to complete assignment/sit exams):		

Please check the above sections are correct prior to completing this section.

I confirm I give my agreement and will support the applicant in their undertaking of the course or learning activity in line with the guidance contained in the Study Leave and Education Funding Policy (non-medical).

Line Manager's confirmation:	Yes: <input type="checkbox"/>	No (please document reasons for refusal): <input type="checkbox"/>
Line Manager's Name:		
Role & Department:		
Date:		
Line Manager's Signature:		

On completion: Send via manager's email to Trust WTB designated signatories on CPDApprovals@bthft.nhs.uk for consideration.

Note all approved study leave should be populated on Health Roster.