APPLICATION FOR FUNDING & STUDY LEAVE

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| If you have not completed your Statutory and Mandatory Training, your application may not be approved. |

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| **IMPORTANT:** Have you completed your statutory and mandatory training? (select from the drop down menu by right clicking and choosing properties | | | | | | | | |
|  | | | | | | | | |
| Equality and Diversity | |  | Fire Safety | |  | Health & Safety |  | |
| Infection Prevention & Control | |  | Information Governance | |  | Manual Handling |  | |
| Mental Health legislation | |  | Safeguarding Adults | |  | Safeguarding Children |  | |
|  | |  |  | |  |  |  | |
| **PERSONAL DETAILS** | |  |  | |  |  |  | |
|  |  | | |  | | | | |
| Name |  | | | | | | |  |
|  |  | | | | | | |  |
| Job Title: |  | | | | | | |  |
|  |  | | | | | | |  |
| Workplace Address: |  | | | | | | |  |
|  |  | | | | | | |  |
| Contact Number: |  | | | | | | |  |
|  |  | | | | | | |  |

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| **DETAILS OF STUDY LEAVE/ COURSE** | | | | | | |
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| Name of Course: |  | | | | |
| Provider of Course: |  | | | | |
| Qualification Sought/ Level of Course: |  | | | | |
| Start Date: |  | End Date: |  | Total No. of Days |  |
| Venue / Location |  | | | | |
| Place Reserved? | YES  NO  **Please attach any RELEVANT information, e.g. Flyer or Booking Form** | | | | |

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| **DETAILS OF STUDY LEAVE/ COURSE** | | | | |
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| Free Course (no funding required) |  |  |  |
| Funded by Team/ Service Budget |  | Budget Code: |  |
| Request Funding from L&D Budget\* |  | Approx. Cost: |  |  |
| Invoice | Paid, will reclaim | | |  |
| **\* You must obtain funding agreement prior to confirming your place. Funding is not guaranteed** | | | |  |

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| **TRAINING PRIORITY (as per Performance & Development Review Meeting)** |
| Please tick one of the following:  Category A  Category B  Category C  If the activity has not been identified in your PDR meeting, please explain why it is to be undertaken: |

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| **PERSONAL ACCEPTANCE** | | |
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| **I am fully aware of the conditions of support set out in the policy, and I acknowledge the terms by which my support will be administered should I be supported by the CCG.**   1. I understand that I shall be required to pay back the course enrolment fees and related expenditure (as defined in this policy) if I leave the organisation prior to or within one year of completing a development programme that has been funded by ERYCCG\*. 2. I understand that I shall be required to pay back ALL the course fees and related expenditure (as defined in the policy) if I withdraw from the development programme without the authorisation of the. 3. I will be provide the results from any development programmes I have undertaken to the Corporate Governance & Organisational Development Lead and my line manager as soon as possible after I have received notification. 4. Should I owe any sum under this agreement upon the termination of my employment, I authorise East Riding of Yorkshire CCG to deduct the sum from my final salary and/or any other monies payable on termination of my employment. Should the sum be owed to East Riding of Yorkshire CCG exceed the monies payable by the CCG, I undertake to repay the balance by a method acceptable to the East Riding of Yorkshire CCG.   \*Except where the employee is leaving due to redundancy or has been asked to leave the company. | | |
| Signed |  | Applicant |
|  |  | Date of application |
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| **MANAGER APPROVAL** | | |
| I support this application and confirm that appropriate cover arrangements/ financial arrangements have been made  I agree that the costs related to this study will be met from the service budget | | |
| Signed |  | Line Manager |
| Signed |  | Director (required for high cost courses only) |
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| **CORPORATE GOVERNANCE AND ORGANISATIONAL DEVELOPMENT USE ONLY** | |
| Study Leave Approved:  Yes  No If No, why? |  |
| Funding Approved:  Yes  No If No, why? |  |
| Budget Code: |  |
| Training record input:  Yes  No Date: Initials: | |
| Comments / Notes: | |