

TRAINING / STUDY LEAVE APPROVAL FORM

Please fully complete form in **BLOCK CAPITALS** or electronically:
NB: this form should be completed even when there is no direct cost

SECTION 1. PERSONAL DETAILS

(Sections 1-3 completed by employee)

Surname: Forename:
Job Title: Department/Directorate:
Personal No: Tel. No & Ext:

SECTION 2. TRAINING REQUEST DETAILS – Attach programme details

Title: Resident/ Non-Resident (delete)
Venue: Organising Body:
Inclusive Dates: Total study days requested:

TYPE OF LEARNING REQUESTED (tick appropriate box):

Course internal/external (delete)	<input type="checkbox"/>	Conference/Seminar/Lecture	<input type="checkbox"/>
E-Learning	<input type="checkbox"/>	Mentoring/Coaching	<input type="checkbox"/>
Shadowing	<input type="checkbox"/>	Network development event	<input type="checkbox"/>
Professional Qualification	<input type="checkbox"/>	National vocational qualification	<input type="checkbox"/>
Self Development	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

METHOD OF STUDY (tick appropriate box):

Day release Half/Full Day (delete)	<input type="checkbox"/>	Correspondence	<input type="checkbox"/>
Block Release	<input type="checkbox"/>	Private study	<input type="checkbox"/>
Evening classes	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

Has the development activity been identified in your personal development plan? YES/NO (delete)

How do you expect to benefit from undertaking/ this learning?

How will the Authority benefit?

SIGNATURE OF APPLICANT: **DATE:**

Complete columns 2-3 of section 3 table overleaf, then pass to your line manager.

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SECTION 3. PAYMENT/ EXPENSE DETAILS

NB: Expenses granted and paid in accordance with SHA Training Policy & Expense Claim Policy.

Description	Requested YES/NO	TOTAL COST including VAT	% TOWARDS COSTS TO BE COMPLETED BY MANAGER & BUDGET HOLDER
Course/conference fees			
Accommodation			
Exam Fees			
Subsistence Allowance			
Text book Allowance			
Travel Expenses			
Professional Registration Fees			
Total:			

SECTION 4. LINE MANAGER APPROVAL

Do you support this application? If YES it should be part of their agreed PDP YES/NO (delete)

If NO why?

If YES, indicate relevance of development activity to the organisation by ticking appropriate option:

Job Essential	<input type="checkbox"/>	Continuing Professional Development	<input type="checkbox"/>
Mandatory	<input type="checkbox"/>	Career Development	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		<input type="checkbox"/>
.....			

Highlight how learning will be applied **and** how it supports the SHA's business objectives:

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I confirm approval is agreed to fund the training activity as set out in Section 3 above

Cost Centre: Expenditure Code:.....

SIGNATURE OF LINE MANAGER:

NAME OF LINE MANAGER: **DATE:**

Forward copy of completed form to HR, for equality monitoring and retention on personal file.

The employee should also keep a copy on their Personal Development Portfolio