

APPLICATION FOR EDUCATION AND TRAINING FUNDING

Learner Details:

Name:		Email Address:	
Job Title:		Practice:	
Course/Workshop:		Start Date:	
Education Provider:		Cost (£):	
How would this course benefit you and your practice?			
Learner Signature:			
Date:			

Please complete this form and email to: candptraininghub@nhs.net

Your request will be reviewed by the Training Hub and you and your line manager will be notified by email regarding whether your request is approved in full or part.

LEARNING CONTRACT

This document acts as a contract between the Individual Learner, the Practice (employer / line manager) and the Training Hub (funding organisation).

If learners fail to attend courses or to submit coursework, this results in full cost of the course being incurred and no staff development. Therefore, we ask that in return for funding you agree to attend and submit any relevant work connected with your programme of study or incur the necessary fees (unless of course you have extenuating circumstances agreed through ourselves). Please also be aware, that whilst the Training Hub may seek reimbursement from your employer for the cost of courses not completed (as above), your employers may in turn seek reimbursement from you.

To complete your request for funding, please confirm the following by completing the boxes below:

- I have discussed this with my line manager and we have agreed that it is appropriate for my personal development and service delivery need.
- I am aware that my employer is liable for reimbursement of the cost of this module if I fail to attend or fail to submit any of the necessary requirements (including practice portfolios).
- If I am unable to accept the place offered to me, I understand that if I fail to notify the education provider within four weeks of the start date my employer will be liable for the cost of the course/module.
- I am aware that I need to contact my Course/Module Leader and the Training Hub, early if I experience any difficulties with attendance or with submission of any assignments.

To complete your request for funding, we also ask that your employer agrees to the following by ticking the boxes below:

- I fully support my member of staff attending this course and will ensure that they are released from their duties in the practice for the entire time required by the course to attend.
- The practice will endeavour to utilise the new learning/skills on the learner's completion of their course.
- I am aware that reimbursement for the cost of this course/module will be sought from my practice should the above student fail to complete or submit the course (as above).

EMPLOYER DETAILS:

Practice Manager / Line Manager's Name:	
Practice Manager / Line Manger's Email:	
Practice Manage / Line Manager's Signature:	
Date:	