# Appendix 1

# LEARNING REQUEST FOR FUNDING

Once all parties have signed the agreement, including the finance officer, the individual and line manager should retain one copy and a copy should be sent to The People Development Team, Human Resources, Municipal Buildings, Pontypridd, CF37 2DP.

**N.B.** Learning and Development Activity *must not* commence without the authorisation of the finance officer.

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|  |  |
| --- | --- |
| **Employee Name** |  |
| **Course title** |  |
| **Line Manager** |  |
| **Request Approved (Yes or No)** |  |
| **Reasons for application refusal (if applicable):** | |
|  | |

# 

# APPENDIX 2

# LEARNING AGREEMENT

Agreement in relation to the type and amount of support that the learner can expect to receive MUST be agreed between the learner and their manager prior to the commencement of the learning activity and should be detailed for the total duration development.

**Please refer to Learning and Development Policy Procedures and Guidance when completing and agreeing the following.**

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|  |  |
| --- | --- |
| **Group** |  |
| **Division** |  |
| **Name of Employee** |  |
| **Designation and Grade** |  |
| **Name of Line Manager** |  |
| **Course Start & Finish Date** |  |
| **Duration of course** |  |
| **Course title** |  |
| **Qualification Title (where applicable)** |  |
| **Training Provider** |  |

|  |  |
| --- | --- |
| **How much Study Leave will the Learner receive?** |  |
| **How much Examination Leave will the Learner be granted** |  |
| **What Resources and Materials will the Learner require?** |  |
| **Type of attendance (i.e., day release/afternoon/evening)** | |
|  | |
| **Study Leave** |  |
| **Resources and Materials** |  |
| **Course Fees** |  |
| **Type of attendance (i.e., day release/afternoon/evening)** | |
|  | |

**Training costs**

List all costs associated with this course.

|  |  |
| --- | --- |
| Fees | |
| **Year 1** |  |
| **Year 2** |  |
| **Year 3** |  |
| **Year 4** |  |
| **Year 5** |  |
| **Exam fees** |  |
| **Other** |  |
| **TOTAL COST** |  |

**Additional Information:**

|  |
| --- |
|  |

**LEARNING AGREEMENT**

|  |
| --- |
| **Details of any other courses you have studied that have been funded by this Council:** |
|  |
| Any other comments |
|  |

I confirm that if my request for undertaking a formal qualification at the expense of the Council is approved, I agree to the following conditions:

* If I withdraw from the course without adequate reason (identified in the Training, Learning and Development Procedures and Guide) I will be required to repay the course fees in full. These monies will be deducted at source over a period of time not exceeding 12 months.
* If I fail to make adequate progress at the end of the first year, I understand I will be withdrawn from the course and liable for the fees. This decision will be based on feedback from the provider of the course.
* If I leave the Council once the training has been agreed and paid for, I will be responsible for the reimbursement of the full amount.
* If I leave the Council during the training and the costs cannot be recouped, I will be responsible for the reimbursement of the full amount.
* Following the completion of financially supported learning there is a requirement to remain with the Council for a period of not less than 24 months. If I leave the Council’s employment within 24 months of the completion of the training, I will be responsible for the repayment of 1/24th of the total cost of the training for each month remaining.
* After 24 months there is no requirement to reimburse any costs.
* If the course taken lasts more than 24 months then the reimbursement will be spread over the same period on a pro rata basis.
* i.e., For a course lasting three years, there will be a requirement to remain with the council for 36 months or reimburse 1/36th for each month remaining

This will not be applicable in the event that employment is terminated by the Council or a mutual agreement to terminate employment is reached.

Any reimbursements will be actioned from any final payments **in full**.

I hereby authorise the Council to deduct from my pay (including holiday pay, sick pay and pay in lieu of notice) any amounts, which are owed by me to the Council with respect to the reimbursements shown above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** |  | **Date** |  |

I confirm that this application meets Council requirements, in that:

* The training and development activity meets the employee and the Council’s needs and is relevant to the employee’s job role.
* The training and development activity forms part of an employee’s agreed action plan or development plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Manager** |  | **Date** |  |

I confirm that costs will be met by the financial resources available to this Division

|  |  |  |  |
| --- | --- | --- | --- |
| Finance Officer |  | **Date** |  |

|  |  |
| --- | --- |
| **Budget Code** |  |

# Appendix 3

# POST – COURSE EVALUATION (EVAL 2).

Following your learning event, you need to complete this post-course evaluation, with your line manager, referring to your pre-course evaluation form (Eval 1) and review again in 3 – 4 months.

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|  |  |
| --- | --- |
| **Name** | **Learning Activity** |
|  |  |
| **Date of event** | **Venue** |
|  |  |

1. **Objectives** - *Referring to your pre-course evaluation, assess how the following objectives were met:*

**i) Personal Objectives** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ii) Business Objectives** (to be completed when measurable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Learning Outcomes**
2. **Describe your main learning outcome from the course - Now**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 months’ time**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List three ways you could apply what you have learnt in practice**

**1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Delivery method**

How compatible was the method of delivery to your learning style?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Opportunities for further development**

List any opportunities to further your development.

*(i.e., further training, follow up work, sharing knowledge/skills with others etc.*)

**Now**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 months’ time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Further review.

Use this space to arrange a date to review sections **2** and **4** *(ideally in 3 to 4 months’ time)* to review personal and business objectives.

*Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Time:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_