**STUDY LEAVE AND FUNDING APPLICATION FORM**

**[Not to be used by Doctors]**

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| **S3 Financial Controls for Training Funding Applications** | | |
| **Does your training application include a request for funding?** | **YES** | **NO** |
| If **YES**, **you must complete Section S3** below in addition to the study leave application form.  If **NO**, you may proceed to **Section A** of the study leave application form. | | |

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| **Section S3** | **Cost Approval Criteria for funding** |
| To support your request for training funding it is essential that you provide evidence of the business need to purchase the training – if you do not answer questions 1-3 below, your application will not be processed. | | | | |
| 1. Is the purchase/position critical on ‘clinical risk grounds’, and if so which? (Based on clinical priority: cancer, loss of hearing, loss of sight, life or loss of limb) | | | **YES** | **NO** |
| 1. Is this cost linked to delivery of a Cost Improvement Programme (CIP)? If so give details. | | | **YES** | **NO** |
| 1. Brief description of the impact on your department/hospital if this cost request is rejected?   **(Up to 30 words only - answer in CAPITALS)**  Note – this is the information that will be submitted to the S3 Panel to make a decision on funding – please ensure you provide a full description of the service need for this training and impact if the training application is rejected. | | | | |

**Process for study funding approval:**

* All applications up to £300 will be decided at a daily Divisional S3 Panel
* All applications over £300 will be decided at a daily Trust-wide S3 Panel
* If a funding application is agreed at the S3 Panel, a Purchase Order will be raised – confirmation will be sent to the applicant authorising them to book a place and a purchase order will be raised.
* If a funding application is rejected at the S3 Panel, the applicant will be informed and the application will be closed. Repeat applications for the same applicant and training activity will only be re-presented to the Panel if the supporting information on the impact of not training has been re-assessed and additional rationale for training provided.

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| Applicants should **NOT** commit to a place on any programme until their request is formally authorised. The Applicant will be liable for any costs incurred by the booking of a definite place on any event prior to authorisation. |

**STUDY LEAVE AND FUNDING APPLICATION FORM**

**[Not to be used by Doctors]**

This form must be completed for **all study leave applications**, including Apprenticeships. Full course details including provider’s details and proof of course fees must be submitted with the completed application

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| **Section A** | **Who is the booking for?** | |
| **First Name** |  | **Surname** | |  | | |
| **Job Title** |  | **Profession** | |  | **Pay Band** |  |
| **Work base** |  | **Department** | |  | **Directorate** |  |
| **Email Address** |  | | | | **Contact Tel No** |  |

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| **Section B** | **What is the study activity?** |
| **Are you applying for a funded LGT Apprenticeship programme?** | | | **YES/NO** | **If YES please complete Section B1** |
| **Are you applying for funding/study leave for a Conference/Training Course/Training Module/Workshop?**  *Estimated 20% off the job study leave requirement* | | | **YES/NO** | **If YES please complete Section B2** |

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| **Section B1** | **Apprenticeships only** | | |
| **Apprenticeship Title** | |  | | | |
| **Course Start Date** | |  | **Course Duration** | |  |
| **Training Cost** | | Apprenticeships are funded by the Trust | | | |

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| **Section B2** | **All courses (excluding Apprenticeships)** | |  | | |
| **Course Title** | |  | | | |
| **Course Provider** | |  | | | |
| **Course Start Date** | |  | **Course End Date** |  | |
| **Course Duration** | |  | **Course Fees (inc. VAT)** | |  |
| **Note 1:** If the study funding applied for is £300 or more, the Study Leave Repayment Form (page 5) must be completed in order for this application to be processed. | | | | | |
| **Note 2:** Please note that Education & Development is unable to fund accommodation or travel and subsistence expenses and these will not be included in this study funding application | | | | | |

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| **Section C** | **Payment (excluding Apprenticeships)** | | |
| Applicants should **NOT** commit to a place on any programme until their request is formally authorised. The Applicant will be liable for any costs incurred by the booking of a definite place on any event prior to authorisation. | | | | |
| **Please arrange a Purchase Order after funding has been approved** | | **YES/NO** |  | |
| **I will request reimbursement from Education & Development and will provide a receipt once funding has been agreed** | | **YES/NO** | **For reimbursement** **only** – complete the form on page 6 after your study leave application has been approved and send to Training Admin with your receipt/proof of payment | |

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| **Section D1** | **Supporting Information – PDR/MT** | | |
| Your Appraisal/Performance Development Plan is confidential, however to ensure compliance with Trust policies, the information below is compulsory in order for your application to be processed. | | | | | | |
| **Is the course part of your PDR/PDP** | | | **YES** | | **NO** |
| **Is your Appraisal due within the next 12 months?** | | | **YES** | | **NO** |
| **Is your Mandatory training up to date** | | | **YES** | | **NO** |
| **I confirm that the above activity and information has been discussed and agreed with my line manager.** | | | | | | |
| **Full Name** | |  | | | | |
| **Applicant Signature** | |  | | | | |
| **Date** | |  | | | | |

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| **Section D2** | **Supporting Information – Applicant** |
| In this space, you are asked to declare in detail why the course is relevant at this time, in terms of your professional development and the quality of service that the Trust provides. In particular, please relate how your learning from this event will support specific examples of service development and improvement. | | |
| Continue on a separate sheet and append to this form if necessary | | |
| You must also attach details of the course (eg. print-out of the course details/programme from the relevant Training Provider/Institution) and a copy of the Training Provider’s application form in order for your application to be processed. | | |

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| **Section D3** | **Supporting Information – Line Manager** |
| In this space, you are asked to declare in detail why the course is relevant at this time, in terms of the staff member’s professional development and the quality of service that the Trust offers. You are asked to declare that the Applicant has had a formal appraisal in the past 12 months and that this application relates to a learning need identified therein. You are asked to detail specific examples of service development and improvement that will occur as a result of attendance. | | |
| Continue on a separate sheet and append to this form if necessary | | |

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| **Section E** | **Line Manager Authorisation** | | |
| **Line Manager statements to support this application** | | | | | | |
| 1. The staff member has completed and signed a Study Leave Agreement Form (page 4) of this application form | | | | | | | **YES** | **NO** |
| 1. The staff member has completed and signed a Study Leave Repayment Agreement (page 5) of this application form | | | | | | | **YES** | **NO** |
| 1. If required, the staff member has completed and signed local cover arrangements within the department | | | | | | | **YES** | **NO** |
| 1. I am aware that Mandatory Training is currently incomplete (from Section D1) however, I am supporting this application as an exception because:   I confirm that bookings will be made to attain/maintain compliance in all Mandatory Training categories **before** this programme of study commences. If, in exceptional circumstances this is not possible, this training will be completed by the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Line Manager Name** | |  | | | **Date** |  | | |
| **Line Manager Signature** | |  | | | **Contact Tel No** |  | | |
| **Non-attendance will result in the department being required to reimburse the Training Budget** | | | | | | | | |
| **Department Cost Code** | |  | Applications will not be processed without cost code | | | | | |

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| **Lewisham & Greenwich NHS Trust** | |
| **Study Leave and Funding Application Form Guidance Notes** | |
| The purpose of this form is to ensure that appropriate study leave is consistently facilitated for all Trust staff. You should ensure you read and understand the Lewisham and Greenwich NHS Trust’s Study Leave Policy, to fully understand your responsibilities or you can request a copy from Training Administration for further details. In addition we are working to develop an accurate record of study leave taken and ensure that it is closely related to achieving Trust objectives. | |
| 1. This application form does not replace any existing departmental forms or processes. 2. **Applications must be received at least 6-8 weeks prior to the activity**, to enable us to process your application and resolve any queries that may arise. 3. All applications must be completed fully and accurately. 4. For external activities, this form must be accompanied with any documentation required by the provider i.e. application form and course details. | |
| **Where to send your completed application form and supporting documents:** | |
| If you are based at the Queen Elizabeth site, please post your completed application and supporting documents to:  **Training Administration**  **Education Centre, Queen Elizabeth Hospital,**  **Lewisham and Greenwich NHS Trust, Stadium Road, London SE18 4QH**  Or scan and email to: [LG.QETrainingAdmin@nhs.net](mailto:LG.QETrainingAdmin@nhs.net) | If you are based at the Lewisham Hospital site, please post your completed application and supporting documents to:  **Training Administration**  **Owen Centre, Lewisham Hospital**  **Lewisham and Greenwich NHS Trust, Lewisham High Street, London SE13 6LH**  Or scan and email to: [lh.trainingadmin@nhs.net](mailto:lh.trainingadmin@nhs.net) |

This form must be completed for **all study leave applications**, including Apprenticeships

**Study Leave Agreement - ensure the full Study Leave Policy has been read and understood**

1. Where you have not studied for some time or at a particular level, then adequate preparation for undertaking each programme is study is to be made, for example attendance at additional study days to increase skills and knowledge in literature searching and academic writing.
2. The full programme requirements are to be completed, for example, pre-course reading, written assignments etc. Non-submission of assignments is not acceptable and if this is likely to occur due to extenuating circumstances this must urgently be discussed with your line manager/PDN/PDM. Discussions must also take place with the course provider and if appropriate make use of their mitigating circumstances or extension procedures.
3. If you require assistance or experience any problems occurring with the course or assignments (including the failure of a module) you mustinform your line manager/PDN/PDM at the earliest possible opportunity. Support is available for guidance with assignments from the course provider, line manager/PDN and other members of staff. Access to a computers, internet, books, and self-directed learning material are available from most education providers. Trust’s Learning Resource Centre and the onsite library facilities.
4. You must attend all your study days. If you are sick or have to take emergency leave (such as compassionate leave) you must inform the programme provider, and also follow the usual sickness reporting procedures. If you have booked and are subsequently unable to attend the programme of study you must notify your manager/PDN/PDM try to find a replacement or cancel it at the earliest opportunity to eliminate or reduce and cancellation charges. Where cancellation fees are incurred by the Trust these may be passed on to you or your department.
5. You agree to inform training administration and your line manager/PDN/PDM that you have completed the course and your results.
6. To inform future decisions regarding programme quality and to facilitate a wider sharing of knowledge, you will be expected to arrange to feedback to colleagues as appropriate, for example, leading a teaching session; preparing and distributing a summary of key learning points.
7. Misuse of allocated study leave (for example, failure to attend and not informing manager/PDN/PDM, submit course work or sit exam) may be construed as fraud and or theft of time from the department. Disciplinary action for misuse of study leave will be instigated by line managers, a few examples of possible outcomes are:

* Not receiving salary increment
* Being required to repay the total Trust investment (course fees and salary backfill)
* Being referred to the counter fraud agency
* Reduction in access to future development opportunities (excluding mandatory training)

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| **Full Name** |  | | | | | |
| **Course Title/Provider** | | **Dates/Times** | **Total Hours/ Days of course** | **% of Study Leave given** | **Pro-rata Y/N** | **Total Study Leave Hours/Days Awarded** |
|  | |  |  |  |  |  |

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| **I understand the Study Leave Policy and agree to comply with the terms of this agreement.** | | | |
| **Full Name** |  | **Applicant Signature** |  |
| **Line Manager Name** |  | **Line Manager Signature** |  |
| **Line Manager Position** |  | **Date of agreement** |  |

**This form must be completed for all study leave applications costing £300 or more**

**Study Leave Repayment Agreement**

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| **This agreement is made on the** |  |  |  |
|  | **Day** | **Month** | **Year** |

|  |  |
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| **Between** | **Lewisham & Greenwich NHS Trust** |
|  | **and** |
| **Name of Employee** |  |
| **Address of Employee** |  |
|  | **In respect of** |
| **Course Title** |  |

**IT IS AGREED** that:

1. The Trust shall pay the course fees amounting to **£**\_\_\_\_\_\_\_\_ for attendance by the Employee on the Course (including examination and registration fees) for the **20\_\_\_ to 20\_\_\_** academic year, and shall allow the Employee **paid study leave of \_\_\_\_\_\_hours\*/days\*** *(\*delete as applicable)* during the academic year.
2. **However** if the Employee voluntarily resigns from the Trust’s employment then he/she could be requested to reimburse to the Trust the following amounts:

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| --- | --- | --- |
| If Employee leaves Trust | before course completion | 100% of costs |
| If Employee leaves Trust | within 1 month of completion | 100% of costs |
| If Employee leaves Trust | within 4 months of completion | 70% of costs |
| If Employee leaves Trust | within 6 months of completion | 50% of costs |
| If Employee leaves Trust | within 10 months of completion of the course but before 12 months | 25% of costs |

1. If the Employee does not complete the Course successfully but remains in the employment of the Trust he/she shall repay 50% of the fees paid by the Trust in connection with the Course. It may also result in the employee not being supported for further training which is not considered a statutory requirement or essential to the post.
2. Where this situation arises due to maternity leave or other extenuating circumstances, which occur during the course of the programme, provision will be made for the training to be completed at a later date.
3. Should the situation arise, the Employee hereby gives his/her consent to the deduction by the Trust from his/her wages of the amounts, which it has been agreed shall be reimbursed to the Trust under this Agreement, for so long as the Employee remains in the Trust’s employment. This consent is given in accordance with and for the purposes of section 13(1) (b) of the Employment Rights Act 1996.

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| **For Course Fees over £1,000 – please state how the remainder of the fees are to be paid** |  |

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| **Full Name** |  | **Applicant Signature** |  |
| **Line Manager Name** |  | **Line Manager Signature**  (for and on behalf of the Trust) |  |
| **Line Manager Position** |  | **Date of agreement** |  |

**[This form NOT to be used by Doctors]**

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| **197- Lewisham & Greenwich NHS Trust**  **REIMBURSEMENT FORM FOR STUDY LEAVE FEES** | | | |  |  |  |  |
| **IMPORTANT INFORMATION - This form can only be used for course fees.**  Accommodation, travel and subsistence will NOT be reimbursed by the Training Department. | | | |  | **Date(s) of study leave** | **Course name** | **Course Fees\*** |
|  |  |  |
| This form should only be completed after a Study Leave and Funding Form has been submitted to the Training Department and **approval of funding has been confirmed to the applicant.** | | | |  |  |  |
|  |  |  |
| **First Name** |  | **Surname** |  |  |  |  |  |
| **Assignment No** |  | **Work-base** |  |  |  |  |  |
| **Job Title** |  | | |  |  |  |  |
| **Home Address** |  | | |  |  |  |  |
|  |  | | |  |  |  |  |
|  |  | | |  |  | **TOTAL** | **£** |

**\*Original Receipts must be provided for reimbursement to be processed.**

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| **TRAINING DEPARTMENT USE ONLY** | | |  | | | |  | **Where to send your completed form and original receipts:** | |
| **Claim Total** |  | | **TA Initials** |  | | |  | If you are based at the Queen Elizabeth site, please post your completed form and original receipts to:  **Training Administration,**  **Education Centre, Queen Elizabeth Hospital,**  **Lewisham and Greenwich NHS Trust, Stadium Road, London SE18 4QH** | If you are based at the Lewisham Hospital site, please post your completed form and original receipts to:  **Training Administration**  **Owen Centre, Lewisham Hospital,**  **Lewisham and Greenwich NHS Trust, Lewisham High Street, London SE13 6LH** |
| **Cost Centre** | **210007/7300** | | **Date** |  | | |  |
| **Study Application Ref** | |  | | | | |  |
| **Authorised by (Full Name)** | |  | | | | |  |
| **Authorised by (Signature)** | |  | | | **Date** |  |  |
|  | |  | | |  |  |  |  |  |

**APPRENTICESHIP AGREEMENT**

Further to the Apprenticeships (Form of Apprenticeship Agreement) Regulations**[[1]](#footnote-1)** which came into force on 6th April 2012, an Apprenticeship Agreement is required at the commencement of an Apprenticeship for all new apprentices who start on or after that date.

The purpose of the Apprenticeship Agreement is to:-

* identify the skill, trade or occupation for which the apprentice is being trained; and
* confirm the qualifying Apprenticeship framework that the apprentice is following.

The Apprenticeship Agreement is incorporated into and does not replace the written statement of particulars issued to the individual in accordance with the requirements of the Employment Rights Act 1996.The Apprenticeship is to be treated as being a contract of service not a contract of Apprenticeship.

**Apprenticeship Particulars:**

|  |  |
| --- | --- |
| Apprentice name: |  |
| Skill, trade or occupation for which the apprentice is being trained: |  |
| Relevant Apprenticeship framework and level: |  |
| Start date: |  |
| Estimated completion of learning date: |  |

**Signatories:**

|  |  |  |
| --- | --- | --- |
| Apprentice: |  | Date: |
| Employer: |  | Date: |

**Sharing Information – GDPR**

Alongside the new GDPR regulations, we are required to ensure that you understand how your personal data is used. We will need to share your personal information with our external stakeholders; for example this will include our training providers, Health Education England, Skills Funding Agency.

I consent to having my personal information shared in the way described in this agreement

Signed: …………………………………………………………………………………………………………

Print name: ………………………………………………………………………………………………………

1. [↑](#footnote-ref-1)