

For the booking of training, study leave and other funded learning opportunities eg. conferences

| Section 1: Personal Details | | | |
|--|--|---|--|
| Name: | | Job title: | |
| Email address: | | Contact number: | |
| Location/Department: | | Line manager: | |
| Section 2: Details of Le | arning opportunity | Study leave only application? Yes/No | |
| Course/Seminar/Training | Title: | | |
| Date of Request: | | | |
| Learning/study leave dates: | | Course days+travel time = days away from work | |
| Training Provider: | | Venue & Location: | |
| Event cost: | Travel cost: | Accommodation cost: | |
| Total funding required and | time off requested? | £ No of days | |
| | ns Director/General Mana of the service for >3 days | ager/Function Head approval needed when the total | |
| Please give details of why you wish to attend this course and what skills and knowledge you need to gain or improve? How will the department/business benefit from you attending this course? | | | |
| Employee signature: Section 3: Reason for application <i>(to be completed by Line Manager)</i> | | | |
| | entified as part of the persor | | |
| How will this course/training improve the individual's performance? | | | |
| How will this impact on your service and/or the business? | | | |
| What would be the impact if the course/training is not approved? | | | |
| How will learning be evaluated and shared back in the workplace? | | | |
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| Author | Iffatara Khan | Issue date | February 2017 |
| Authorised by | Michelle Plange | Review date | January 2019 |



L&D Funding – application form

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| Please indicate category of lear | ning: | | |
|---|---------------------------------------|--|---------------------------|
| Service delivery | D F | Recognised trainee requirement | |
| Health & Safety | D P | Personal development \Box | |
| Mandatory | | CPD | |
| | | | |
| Amount of study leave granted in last 12 months: Amount of funding granted in last 12 months: | | | |
| | | | |
| Is request approved: Yes/ | No Gi | ve reasons: | |
| | | | |
| Payment requirements | | | |
| Which payment method is requ | red: | | |
| PO to be raised* | | Payment by employee to be claimed back | |
| Credit card payment | | No payment | |
| *Is the company set up on SAP | ? Yes/No | | |
| Line Manager signature: | | | |
| Operations Director/General Manager/Function Head app days): | Manager/Functior Froval needed whe | h Head signature (Operations Direct on In the total cost is >£1,000 or out of the ser | or/General vice for >3 |
| | | Now send completed Funding Applicator to: Viapathtrainingapprovals@viapath.c | |

| Internal Use Only | | | |
|----------------------|------------|----------------------|--|
| Date: | | | |
| Form received: | PO raised: | Credit Card payment: | |
| Form approved: | PO issued: | Expenses claimed: | |
| L&D Tracker updated: | | | |

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