



## Professional Development Support Application Form

Colleagues wishing to request professional development support, must complete this application form and submit it to their line manager for approval.

Before making an application under this policy colleagues must check with the Apprenticeship Manager whether an apprenticeship would be appropriate for the colleague's development.

**Please note:** All applications must be submitted and approved before any course is confirmed. Colleagues will be notified in writing of the professional development support decision within 28 days from receiving the application.

### Section 1: Colleague Details

<b>Name:</b>		<b>Colleague Number:</b>	
<b>Business Area:</b>		<b>Job Role:</b>	
<b>Date of Request:</b>		<b>Line Manager Name:</b>	

### Section 2: Professional Development Activity

<b>Course name:</b>		<b>Qualification gained:</b>	
<b>Training provider:</b>		<b>Duration:</b>	
<b>Proposed start date:</b>		<b>Expected completion date:</b>	
<b>Course location:</b>			
<b>Additional information:</b> In this section please provide details of any leave that may be required to sit exams or attend key training days/ course events			

<b>Policy name:</b>	Professional Development Support Application	<b>Date of last review:</b>	October 2019
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-SM-001

### Section 3: Professional Development Support Application

In the box below, please detail the cost of undertaking the professional development activity including but not limited to course fees, exam fees, travel costs and study material costs.

<b>Total Cost</b>	

Please outline why you want to undertake the training, how this activity will contribute to the strategic objectives of your business area and relate to your development opportunities identified in your colleague review process.

### Section 4: Colleague Declaration

I confirm I have read the Professional Development Support Policy and have read, and fully understand, the terms and conditions governing receiving financial support from the Society for training.

I further agree that:

1. The information about my attendance, progress and achievement during the course may be shared by the course provider with the Society.
2. If, without a reasonable justification, I fail to complete the programme or achieve the relevant qualifications within the agreed timescales, I will be expected to repay all costs incurred by the Society within 3 months of being formally requested to do so by the Society.
3. If, on completion of the training funded by the Society, I submit notice of my intention to leave the Society's employment within 6 months, I agree to repay 100% of the cost of the funding provided by the Society.

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4. If, on completion of the training funded by the Society, I submit notice of my intention to leave the Society's employment within 12 months, I agree to repay 50% of the cost of the funding provided by the Society.
5. If my contract is terminated by the Society during the time that I am completing the training, the Society reserves the right to deduct all costs incurred from my final pay.
6. If repayment of any sum is required, this will be discussed with my manager after notice has been given. Any repayment may be deducted from my salary. It may be possible to arrange payment of any sum by instalment.

Colleague Signature:	Date
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### Section 5 – Society Approval

I can confirm that your professional support application request has been

**Approved**  **Declined**

<p>Manager's Comments:</p> <p>Please detail the support provided to colleagues. E.g. Cost (£) and time off approved</p>
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Manager Signature:	Date:
Cost Centre Manager Signature (for total costs over £2000)	Date:

### Note to manager:

If you approve the request, you should upload this form to IFS, a copy of this agreement will be kept on the colleague's personnel file.

**If you have any concerns or wish to decline the application, you must speak to the HR advisor for your business group.**

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