

## Colleague Study Agreement

### Colleague Declaration

I confirm I have read the Colleague Study Agreement Policy and have read, and fully understand, the terms and conditions governing receiving financial support from the Society for training.

I have discussed with my Line Manager and Group General Manager the support that will be available to me and understand my personal responsibilities in ensuring that I achieve the required results.

Name:  Colleague Number:   
Business Area:  Job Role:   
Date of Request:  Authorising Manager:

Training Qualification:   
Training Provider:   
Start Date:  Expected Completion Date:   
Qualification Gained (if applicable):   
Total Cost (if applicable):  Location of Study:

I further agree that:

1. 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.
2. 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 after completing the course or obtaining the qualification, I agree to repay 100% of the cost of the funding provided by The Midcounties Co-operative within a 3 month period.
3. 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 after completing the course or obtaining the qualification, I agree to repay 50% of the cost of the funding provided by The Midcounties Co-operative within a 3 month period.
4. If my contract is terminated by the Midcounties Co-operative during the time that I am completing the training, the Society reserves the right to deduct all costs incurred from my final pay.

Policy name:	Colleague Study Agreement Policy	Date of last review:	May 2017
Policy owner:	PSG	Issue number:	PSG-PW-002

By signing this study agreement, I agree that the Society is entitled to be reimbursed the sums outlined above and that if I fail to repay the sums within the stated time period, the Society is entitled to recover the sums owed by me as a debt and if necessary, can litigate against me for recovery of these sums.

**Signed by colleague:**

**Colleague's name (capital letters):**

**Date:**

**Signature by Group General Manager:**

**Name (capital letters):**

**Date:**

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