

**Ceredigion County Council**

**Corporate Qualifications Panel**

**Application & Learning Agreement**

**To be completed by all employees requesting funding or support to undertake a Qualification (excluding Social Work qualifying training)**

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| **Section 1 – Personal Details & Employment Details** | | |
| Applicant name |  | |
| Workplace address |  | |
| Office telephone number & extension |  | |
| Mobile number |  | |
| Email address |  | |
| Job title |  | |
| Employee number |  | |
| Date of commencement in current role |  | |
| Type of contract:  Full-time / Part-time  Permanent / temporary & expected end date / secondment - expected end date |  | |
| Details & dates of previous qualifications for which you have received funding / support from Ceredigion County Council | Qualification | Completion date |
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| Have you withdrawn or failed to complete any of the above, if so please explain why. |  | |

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| **Section 2 –Details of Qualification you wish to undertake** | |
| Name of Qualification / Award & level |  |
| Name of University / Awarding Body / Training Provider |  |
| Start date & duration |  |
| Venue / location you may need to attend |  |
| Number of University / study / exam days that you will be required to attend |  |
| Is this Qualification mandatory for your current role? |  |
| Cost:  Fees including tuition / exam / professional subscription fees |  |

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| **Why do you wish to undertake this Qualification?**  **How does this link to your career development?**  **Is this award a specialist requirement for your service area? (Please give details)** |
| Continuation sheet- |

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| **Section 3 – Learning Agreement & Declaration** | |
| I understand and confirm the following:  1) I may be required to undertake work in my own time in order to complete this Qualification  2) I will attend all meetings / workshops / training required to complete this Qualification  3) I will inform my Line Manager, L&D Team and/or my tutor (where appropriate) of any problems/changes in circumstances that may affect my progress with the Qualification  4) On completion of this Qualification I will normally be required to remain in the Authority for a minimum of 12 months, this may be longer if the duration & commitment of the course is for a significantly longer period. Should I terminate my employment with Ceredigion County Council I may be required to repay any assistance I have received. Decisions concerning the amount to be repaid will be at the discretion of Ceredigion County Council and individual circumstances will be taken into account.  5) Should I fail to complete the Qualification or withdraw without adequate reason, 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.  6) Should I fail to make adequate progress I understand I may be withdrawn. Any decision will be based upon provider feedback and it will be at the discretion of Ceredigion County Council whether or not I will be required to repay fees. | |
| Applicant signature: | Date: |

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| **Section 4 - Line Manager Support & Approval** | | |
| Reasons for the decision to support / not support the application  Please sign to confirm:   * I confirm the applicant is not subject to any capability or disciplinary issues that may prevent completion of the Qualification. * I support the applicant to undertake this qualification and am aware of the support/study time required. | | |
| Line Manager name (please print) | LM signature | Date |
| Corporate Lead Officer name (please print) | CLO signature | Date |
|  | | |

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| --- | --- |
| **Office use only** | |
| Application form fully complete & signed |  |
| LM completed & signed |  |
| CLO signature |  |
| **Panel decision** | |
| Panel date |  |
| Approved yes/no |  |
| Nature of funding / support approved and rationale - | |
|  | |

Submit completed application forms to the Learning and Development Team electronically no later than 10 working days before the next Corporate Qualifications Panel (dates on Ceri net)

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