**South Yorkshire Teaching Partnership**

**Learning Agreement**

You must complete both sides of this request form **in full.**

Your line manager must discuss and agree the details with you before forwarding to South Yorkshire Teaching Partnership

**You must not book a place before this approval is given.**

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| 1. **Overview** |
| This Learning Agreement sets out the terms and conditions for the provision of South Yorkshire Teaching Partnership Continuing Professional Development (CPD) Learning Activity, and sets out the responsibilities and obligations of you (the learner) and your line manager.  By signing this Agreement, you, **the Learner**, agree to:   1. attend all planned lectures/seminars/workshops/learning sets 2. meet all specified deadlines; 3. take proactive responsibility for you progress on the Course; 4. make contact with your employer AND the Learning Activity provider, at the earliest opportunity, in the event that you are unable to attend a learning session, meet a deadline, or continue on the Course.   By signing this Agreement, **your line manager** agrees to:   1. support the Learner, in successfully completing their Learning Activity by:    1. allowing reasonable time off, managed alongside operational needs, for the Learner to attend all relevant workshops, training and/or information sessions.    2. ensuring agreed study time is made available for the Learner, any additional time to be negotiated between the Learner and the line manager; 2. ensure the Course followed by the Learner matches the requirements of their role. Training must have a purpose and the training needs should be regularly reviewed, taking account of the current business plan of the unit or department in which the Learner is based; 3. notify the South Yorkshire Teaching Partnership and the Learning Activity provider immediately should the Learner discontinue or withdraw from the Course or leave the Council’s employment within the term of the course. |

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| 1. **Learner’s details** | | | |
| Last name |  | First name |  |
| Post/job title |  | Directorate / Area / Team |  |
| Employee / pay no’ |  | Work location |  |
| Telephone & ext. |  | Email address |  |

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| 1. **Details of Activity**   If you do not provide all the details below, the form will be returned to you which may result in unnecessary delays. | | |
| Full title of activity |  | |
| Full level of qualification/award **if relevant**  (e.g. Level 3 / Level 5 / Degree / BTEC etc.) |  | |
| Place of study / venue |  | |
| Chosen Supplier |  | |
| Enrolment dates / Duration | From:  (**Please provide specific date**) | To:  (**Please provide specific date**) |
| Period / level this form covers  (e.g. year1 of 3 year qualification etc.) |  | |
| Costs | Per year: | Total Cost: |

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| 1. **Type of study (please X in the relevant box)** | | | | | |
| Day release |  | ½ day and evening |  | Distance learning |  |
| Block release |  | Evening |  | Other |  |

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| 1. **Relevance (please X in the relevant box)** | | | | | |
| Mandatory |  | Statutory |  | Discretionary |  |
| How does this activity support the objectives and development of you and your service? |  | | | | |
| How will you review the impact of this activity; how will you know you have achieved the desired outcome? |  | | | | |

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| 1. **Budget Holder Approval** | Approved |  | Not approved |  |
| Signed: | If approval is refused, please state why below: | | |  |
| Refusal reasons: | | | | |

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| 1. **Terms and conditions of the Learning Agreement** | |
| I (*print full name*)       have read and understood the Council’s Learning and Development Policy and in consideration of the Council or the South Yorkshire Teaching Partnership paying for me to attend the Learning Activity I agree to the following terms and conditions in respect of the Learning Activity listed.  I agree to repay some or all of the fees, expenses and other costs (‘the Costs’) associated with the Learning Activity if any of the following Trigger Events occur:   * I leave the employment of the Council or the Teaching Partnership before or during the activity or within 2 years of completing the activity. * I fail to sit an examination or submit final assignments within a reasonable period. * I fail to show satisfactory progress or attendance in the course of my studies. * I discontinue the course without sufficient good reason.   The amount of the Costs which must be repaid shall be in accordance with the table below:   |  |  | | --- | --- | | **Timescale** | **% of Costs repayable by you** | | Trigger Event before the Learning Activity commences or during the activity where the Council has incurred liability for costs | 100% | | Trigger Event within 12 months of completion of the Learning Activity | 100% | | Trigger Event within 12 -18 months of completion of the Learning Activity | 75% | | Trigger Events within 18 -24 months of completion of the Learning Activity | 50% |  |  | | --- | | You will **not** be expected to repay financial assistance if a Trigger Events is caused by:   * Discontinuation of the course at the request of the Council. * Non-voluntary redundancy. * Long-term ill health. |   Any other circumstances not described above must be discussed with your line manager or the Programme Manager for the South Yorkshire Teaching Partnership.  I agree that if I owe any Costs to the Council or the South Yorkshire Teaching Partnership in accordance with the terms of this Learning Agreement, the Council may deduct and recover those monies from my salary (including any final salary payment) or any other sums due to me from the Council. If my final salary payment will not cover the Costs, I understand that I will be contacted by the Council and I must arrange for the repayment of the balance. The Council may at its absolute discretion agree to accept payment by instalments where recovery in full will cause hardship.   |  | | --- | | You will **not** be expected to repay financial assistance if you are advised by the Council or South Yorkshire Teaching Partnership that this would not apply. |   I agree that in the event of any Costs incurred by the Council or the South Yorkshire Teaching Partnership on my behalf in connection with this Learning Activity being refunded by the provider directly to me, whether in whole or in part, I will repay such refund in full to the Council and/or the South Yorkshire Teaching Partnership  I agree to the University of Sheffield sharing details of my attendance and progression with the Council and/or the South Yorkshire Teaching Partnership, including the outcomes of any academic assessment associated with this learning activity.  I agree to the terms and conditions set out in section 1 above. | |
| 1. **Employee** | |
| I understand and agree to the terms and conditions of the Learning Contract (as detailed above) and the Learning and Development Policy. I have had a discussion about how this learning activity supports my development and the development of the service, and I know how the impact of this activity will be measured. | |
| Signed: | Date: |
| 1. **Line Manager** | |
| I have fully discussed with the employee the terms and conditions outlined above and in the Council’s Learning and Development policy and the workload and commitment required. I am aware of my role in providing support and monitoring progress during the period of study and am prepared to provide this at a maximum of 1.5 hours per month or to nominate an appropriate person to do so. | |
| Signed: | Date: |

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| 1. **Budget Holder - Costs** | Recoup of costs applies |  | Recoup of costs does not apply |  |
| Reasons: | | | | |