

STUDY LEAVE REQUEST & APPROVAL FORM - For Non Mandatory Training

**This form must be used for all requests for non mandatory training. Retrospective requests not considered.
Failure to complete the form in full will result in it being returned to the applicant and will delay processing.**

First Name & Initials	Surname
Personal No.(last 5 digits)	Contact no.
Job Title	Directorate
Team/Work Base	Manager

Please attach copy of course details where available

Name of Course/Qualification			
Course Provider		Venue	
Course Start Date		Course End Date	
Number of days	Work time	Own time	Number of days taken in financial year (since 1st April)

Name of person Providing Cover (where applicable)

FINANCE	Estimated Costs (Current Financial Year)	Cost Centre	Date Paid (Finance Use)	Payment Method (Please tick appropriate box)
Course/Conference Fee				<input type="checkbox"/> Invoice to follow <input type="checkbox"/> Reimbursement (to be claimed on course expenses form) <input type="checkbox"/> Cheque (please attach booking form to Finance copy) <input type="checkbox"/> Contribution by employee (please specify amount agreed) (Letter to accompany Form)
Examination Fee				
Residence				
Subsistence				
Other (please specify)				
Public Transport*				
Car (return mileage)				

Objectives for Learning/Development	Priority Level please tick)	
	Essential <input type="checkbox"/>	
	Desirable Priority 1 <input type="checkbox"/>	
	Desirable Priority 2 <input type="checkbox"/>	
Signature (Staff)	Date	CME/CPD Points

APPROVAL/DECISION			
Who needs to approve the request?	Line Manager <input type="checkbox"/>	Senior Manager <input type="checkbox"/>	Service Director <input type="checkbox"/>
Was this training identified at Personal Development Review as part of the individual's PDP?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was this training included as part of the directorate training plan?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is the individual up to date with mandatory training requirements?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is the requested training relevant to the role and service needs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Has funding for the training been identified (where necessary)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is approval agreed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	(employee to be advised and receive copy of signed form)
State reasons where request is declined (refer to guidance)			DATE

Line Manager Name	Line Manager Signature
Snr Mgr/Director Name	Senior Manager / Director Signature
Budget Holder Name	Budget Holder Signature

Post Course Evaluation (employee & line manager discussion)

How has this training/development been put into practice?