

Application for approval of course leading to qualification

Please complete both sides of this form and hand it to your Chief Officer for countersigning before forwarding to the Human Resources Team.

Personal details (please attach the applicant's original application form or photocopy)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name: Surname:

Department:

Job title:

Grade:

Course of Study

Qualification to be obtained:

Date course starts:

Duration of course:

Method of study: *e.g day/evening*

College:

Method of study:

If this is not your first attempt at this course of study or examination, please give details of previous attempts:

Please explain why you wish to undertake this course of study:

In what way do you feel this course of study will benefit this council?

Estimate of costs. *Please give for each year of the course.*

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Course/Tuition Fees						
Registration Fees						
Examination Fees						
Additional Costs						
Travel & Subsistence						
Total						

If the course is longer in duration than the above, please detail separately.

N.B Please detail the cheapest practicable means of travel to your study here:

Training History

Course	Dates	If certificated, did you pass?	Trainer/College

Undertaking

In consideration of the Council granting me facilities and financial assistance to enable me to acquire a recognised qualification, I hereby undertake to remain in the Service of the Council for a period of two years from the date on which I obtain such qualification or leave the course. I have read Section 2 of the Scheme of Conditions of Service prescribed by the National Joint Council for Local Authorities APT&C Staff and understand that the Conditions of Assistance referred to in para. 20(5) apply to me. I agree that any refund of financial assistance required in accordance with the foregoing paragraphs shall be a debt from me to the Council and recoverable by deduction from any salary which may be due to me from the Council or, if necessary, by legal action.

Should I leave the Council's employment during the period of study, I also undertake to repay the financial assistance provided in full.

Signed:

Date:

Certified by Department

The above application is recommended for approval. The Course of Study leads to a recognised qualification relevant to a career in my Department.

Signed:

Date:

Chief Officer/Head of Service

For HR use only

Signed:

Date:

Human Resources Representative