Fee Payment for External Learning and Development

Training Agreement

## Section 1: Personal and Course Details

To be completed by the employee

### About you

Name Staff Number

Faculty/Professional Service Email

### About your course

Name of Training Provider

Course Title

[ ]  Day Release [ ]  Home Study [ ]  Evening Class [ ]  Short Course (tick as applicable)

Duration of Course Time commitment required during working hours

Start date End date

Cost per year Total course cost

Date payment due for this stage/year

## Section 2: Authorisation

### College/Professional Service Authorisation

To be completed by the Head of Dept/Head of Professional Service or their nominee.

I confirm that I approve this application for financial support and that the course fees will be met directly by the Faculty/Professional Service.

Signed: Date:

### Applicant Authorisation

I understand that should I leave the employment of the university within 12 months of completing the programme/course of study, 50% of the fees will be recoverable by the University. If I leave before completing the programme, 100% of the fees will be recoverable by the University.

Signed: Date:

Signed copy retained by Faculty or Service for future reference.