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.