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***Putting learning at the heart of organisational transformation***

***FALKIRK SOCIAL WORK SERVICES***

***Sponsored FURTHER EDUCATION STUDY Application***

|  |
| --- |
| ***APPLICANT’S DETAILS*** |

|  |  |
| --- | --- |
| **Name** |  |
| **Employee Number** |  |
| **Designation** |  |
| **Work Location** |  |
| **Service** |  |
| **Telephone** |  |

***COURSE DETAILS***

|  |  |
| --- | --- |
| **Course** |  |
| **Venue** |  |
| **Start Date** |  |
| **Duration** |  |
| **Time commitment i.e. teaching and directed study** |  |
| **Fee** |  |

***APPLICANT’S STATEMENT***

|  |  |  |  |
| --- | --- | --- | --- |
| **Briefly say why you want to undertake this study.** |  | | |
| **How will this course contribute to your continuous professional development and service delivery?** |  | | |
| **How do you intend to feedback/implement your learning in the workplace?** |  | | |
| **What support would you need or do you consider would be beneficial while undertaking this study?** |  | | |
| **Signed** |  | **Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

***LINE MANAGER’S STATEMENT***

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| --- | --- |
| **How has this development need been identified?** | **Supervision**  **Annual Employee Development and Performance Review**  **Other (please specify)** |
| **Is this member of staff ready and able to undertake study in terms of their work/life balance at this time?** |  |
| **What support would you be able to offer this applicant?** |  |
| **Are there any additional supports that the applicant may require to undertake this study?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

***Manager Supports Application*** ***Application Rejected***

## Reason for Rejection

**Course not applicable to current post**

**Sponsored on more suitable course**

**Other**

**Manager Name: Signature:**

**Date:**

**Please return to the Training Administrator, Training and Workforce Development Section:** [**socialservices.training@falkirk.gov.uk**](mailto:socialservices.training@falkirk.gov.uk)

***Workforce Development Team/Budget Holder Authorisation***

|  |  |
| --- | --- |
| **Approved** |  |
| **Rejected** |  |
| Reason for Rejection **No Budget**  **Course not applicable to current post**  **Sponsored on more suitable course**  **Name on waiting list** |  |

**Name: Signature:**

**Date:**

***Resourcelink Update***

**Completed by:**  **Date:**