**Advanced Practitioner**

**– Post Graduate Award Sponsorship Undertaking**

**Background Information**

The progression to an Advanced Practitioner within Social Work is based on a Social Worker / Occupational Therapist practicing at a higher level of competence derived from the accumulation of experience, level of expertise (academic **and** developmental) and the ability to confidently engage with situations that present greater risk and complexity.

‘Higher level of competence’ will be directly relevant to the service area in which the Social Worker / Occupational Therapist works and will look differently depending on the functional area of need and practice.

Competence and Eligibility

Utilising the [Good Conversations](https://www.falkirk.gov.uk/employees/policies/employee-development/docs/Good%20Conversations.docx?v=202208180956) (review) framework in supervision is the starting point for evidencing the increasing practitioner skillset and the higher level of competence required for an Advanced Practitioner role.

Minimum standards for Advanced Practitioner status will be evidenced by:

* Minimum 3 years post qualifying experience, **accompanied by**
* Evidence of Post Graduate Qualification – Outlined in Appendix 1, **or**
* Evidence of additional learning and development \*1

\*1 Employees who use this criteria to meet the minimum standards, will be required to register to undertake a formal Post Graduate Award (outlined in Appendix 1) within 3 years of taking up post to retain their Advanced Practitioner status and by applying to be an Advanced Practitioner are agreeing to do so, **and**

* Management of Complex Cases

**Post Graduate Module Fees and Materials**

Module fees will be paid for by Falkirk Council or HSCP during the period of agreed study for authorised student employees.

Specific recommended books (if required) for each module will be purchased by the Council or HSCP with student employees able to loan these during their period of study.

Application and Selection Process

Applicants will be required to:

* Complete the Falkirk CPD Manager course programme request form
* Seek line manager authorisation
* Await Training and Workforce Development service budget authorisation
* Once authorised submit an application to the relevant Higher Education programme provider, including line manager supporting statement and Employer sponsorship contact details
* Successful applicants may require to wait for a place on the next available course.

Study Time

Student employees will be offered:

* Attendance at module teaching and tutorials
* 2 days study leave per module
* Flexible working hours to carry out research, study, assignment completion at the discretion of their line manager

**Contractual Undertaking**

Sponsorship conditions

All employees undertaking sponsored post graduate learning are required to sign contractual undertaking. If an employee leaves the employment of Falkirk Council or HSCP within 13-24 months of the date of their successful completion of the post graduate award, they will be required to repay 50% of the fees and expenses relating to the period of study. If they leave within year one the repayment will be 100% of these costs.

Employees who, having been accepted for the programme, do not complete the post graduate award may be required to repay all or a proportion of the programme fees paid up to that point. An employee who leaves the service of Falkirk Council or HSCP whilst undertaking the qualification will require to repay all course fees.

[**Sponsorship funding and repayment agreement**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fblogs.glowscotland.org.uk%2Fglowblogs%2Fpublic%2Ffvpp%2Fuploads%2Fsites%2F9924%2F2023%2F03%2F23150559%2FSWS-sponsorship-funding-agreement-FINAL.docx&wdOrigin=BROWSELINK)

I have read the conditions outlined above and agree to abide by them.

**Name: ……………………………………………. Position: ………………………………………..**

**Signature*:* ……………………………………………. Date: ………………………………………..**

**Witnessed by:**

**Name: ……………………………………………. Position: ………………………………………..**

**Signature*:* ……………………………………………. Date: ………………………………………..**