**Request for Training**

**Application Form**



The following form is for training and qualification requests from individuals. Each application will be reviewed by the Board of Directors at a training request review panel held 3 times a year in April, August and December.

Only applications completed in full, in the format set out in this form will be considered. Applications can only be made by staff who have been employed with Fair Ways for a minimum of 2 years.

You will be required to sign a learning agreement for any funded granted.

**Personal details**

Name:

Date of application:

Current position within Fair Ways:

Length of time worked for Fair Ways:

Line Manager:

Current qualifications held:

**Course / Qualification details**

Name of course / qualification you would like to complete:

College / University / Provider of the course:

Start date of course:

Duration of course:

Total cost of course:

What support would you like Fair Ways to provide? (Funding, time off, expenses etc.) Please detail expected cost of mileage, travel and any accommodation expenses.

**Reasons for application**

What qualification will you hold if the course is completed?

How do you see your career progressing if you gain the qualification / complete the training?

What positive impact will this have for Fair Ways?

How will this qualification / training help you in your current role?

Is this course/qualification within your personal development plan?

Have you applied for an Education Grant before?

If yes, detail whether you were successful. If funding was agreed, outline the course details and funding granted.

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by the applicant’s Line Manager**

Do you think the qualification / training being requested would be a good use of your department’s training budget and resources?

If this applicant completes the requested training / gains the qualification, how will this affect how they complete their role within the team?

Please add any additional information here that you feel is relevant to this training request:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Line Manager**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**