

Introduction

All permanent staff members at the IGPF are encouraged and supported to take part in training courses relevant to their roles that will enable them to further their professional development and bring crucial new skills, methods and working The I-HUBs into The IGPF environment. The new knowledge and experience this brings will, in turn, be paramount in creating greater, more positive outcomes for service users and their families. This strengthens The IGPF's professional image and increases confidence in its ability to deliver, from which it will ultimately be judged.

Study Leave Entitlement

Clinical Staff Members

Clinical staff members will be allowed up to 1 week of study leave in any single fiscal year, subject to approval from The IGPF Operation manager.

Training Budget

The IGPF allocates funding each fiscal year to support appropriate training for its staff members.

Approved courses can be funded in full providing they meet The IGPF requirements and the total value of courses funded are within the annual budget.

Surplus funds at the end of the fiscal year may be carried over the following year, where necessary.

Continued Professional Development

Requirement and eligibility for a particular course of training will be identified at staff member appraisals.

Appraisals are a two-way process, and either the appraiser or appraisee may identify a course of training that it is felt appropriate for the appraisee to attend.

The fundamental criterion for the requirement of any particular course of training will be that it is of benefit to The IGPF as a whole.

If a staff member, or their line manager becomes aware of appropriate courses in between appraisal interviews, then a request can be made without waiting for the next appraisal to take place.

Training Delivery

Where a particular course of training has been identified, its delivery will be arranged (wherever possible) so that dates and times coincide with the working-time availability of the member(s) of staff to be trained. Selection of appropriate courses will partially be based on their extended availability (i.e. courses available on multiple days of the week and at various times will be preferred).

The IGPF ensures that where training courses are delivered by external organisations, the organisation is accredited (where appropriate) and its staff are appropriately qualified to deliver the training programme.

Where training is delivered internally by The IGPF staff, The IGPF will ensure the person(s) delivering the training are suitably experienced, qualified (if applicable) and accredited by the appropriate authority (where necessary).

Application Protocol

After a particular course has been identified as beneficial for the staff member to attend, a Course Application / Funding Request Form (see [Appendix A](#)) must be completed between the staff member and their line manager. This is then reviewed by the partners and / or The IGPF manager to identify which training requests should be approved, their priority, and whether staff cover is required / available.

After a request to attend a course of training has been reviewed, a letter will be sent to the staff member with the outcome of their request.

If the application has been approved, a Training Agreement (see [Appendix B](#)) will need to be completed by the staff member and The IGPF manager. This is to ensure that the staff member is aware of their rights and responsibilities with regard to the funding of the course and its successful completion.

If expenses have been incurred as a result of attending a course of training, an Expenses Claim Form (see [Appendix C](#)) will need to be completed on each occasion a reimbursement is required.

Expenses must be agreed by The IGPF Operation manager in advance, and will only be paid on receipt of a correctly completed claim form, supported by all receipts. Payment will normally be paid in arrears through the monthly payroll.

Following the completion of any training course that has been funded by The IGPF, a Training Evaluation Form (see [Appendix D](#)) will need to be completed by the attending staff member. This is to enable The IGPF to review the success rate of courses attended and evaluate their benefit to The IGPF and its staff. This, in turn, will aid the decision-making process on whether future courses of the same nature should be funded by The IGPF.

The IGPF

Course Application / Funding Request Form

Part 1 of 2 – To be completed by the employee, then handed to their line manager

Staff Member's Name	
Job Title	
Date of Request	
Course Title and Description	
Venue	
Date(s) and Time(s)	
Estimated Course Cost	£
Estimated Travel / Subsistence Costs	£
Estimated Accommodation Costs (where applicable)	£
Has this area of training been identified as a priority need in your last appraisal? If so, was this by you or your line manager?	
If this was not previously identified as a priority need in your last appraisal, why do you feel it is of importance that you attend?	
What benefits do you see for The IGPF by you taking part in this course?	
What benefits do you see for your Continued Professional Development by you taking part in this course?	
Name of Employee:.....	
Signed:.....	
Date:.....	

Part 2 of 2 – To be completed by the employee’s line manager after completion of Part 1 by the employee. Authorisation must be from The IGPF manager or partners

Actual Course Cost	£
Actual Travel / Subsistence Costs	£
Actual Accommodation Costs (where applicable)	£
Approved by Line Manager? Y/N	
Reason(s) for Approval / Rejection	
Approval Number	
Authorised By (The IGPF Director of Operations):.....	
Signed:.....	
Date:.....	

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Training Agreement

THIS AGREEMENT is dated (***)Insert Date***)

AND IS MADE BETWEEN:

[***)Insert Name of Person***)
("the Employee"); and

The IGPF

("the Employer")

WHERE:

- A. The Employee is employed by the Employer as (***)Insert Position and Grade of Person***)
- B. The Employee has obtained a place in relation to a course of study leading to the award of (***)Insert Name of Qualification***) in (***)Insert Subject***) at (***)Insert Name of Institute***) ("the Course").

IT IS HEREBY AGREED AND DECLARED THAT:

1. In consideration of the Employer agreeing to meet the costs of the Course which are set out in the Schedule to this Agreement ("the Costs"), the Employee undertakes to reimburse these Costs to the Employer if:

(i) He/she voluntarily withdraws from, or terminates the Course early without the Employer's prior written consent;

(ii) He/she is dismissed or otherwise compulsorily discharged from the Course, unless the dismissal or discharge arises out of the discontinuance generally of the Course;

(iii) His/her employment is terminated by the Employer for any reason (except redundancy) prior to completion of the Course; or

(iv) He/she resigns from the employment of the Employer either prior to completion of the Course or within 2 years after the end of the Course, except that, in the latter case, the amount which would otherwise be due to the Employer shall be reduced by 1/24th part for each complete calendar month after the end of the Course during which the Employee remains employed by the Employer.

2. To the extent permitted by law, the Employee agrees that the Employer may deduct a sum equal to the whole or part of the costs due under the terms of this Agreement from his/her salary/wages (as defined in section 27 of the Employment Rights Act 1996) or from any other allowances, expenses or other payments due to the Employee.

3. The amount due to the Employer under the terms of this Agreement is a genuine attempt by the Employer to assess its loss as a result of the termination of the Employee's employment and takes into account the derived benefit to the Employer. This Agreement is not intended to act as a penalty on the Employee upon termination of his/her employment.

SCHEDULE ("the Costs")

Insert details of the costs to be incurred by the Employer in relation to the Course (e.g. the Course fees, examination fees, the costs of books or other materials, any other expenses paid in connection with the Course).

Actual Course Cost	£
Actual Travel / Subsistence Costs	£
Actual Accommodation Costs (where applicable)	£
Actual Total of other Costs Incurred	£

Name of Employee:.....

Signed:.....

Date:.....

Name of The IGPF Manager:.....**for and on behalf of (The IGPF)**

Signed:.....

Date:.....

NB. This Agreement must be signed by both parties prior to the commencement of the Course

The IGPF

Expenses Claim Form

Part 1 of 2 – To be completed by the Employee

Staff Member's Name		
Job Title		
Date of Request		
Reason for Expense (e.g. details of training course)		
Date(s) Expenses Incurred		
Receipts Attached? Y/N (Claims will not be accepted without receipts under any circumstances. The cut-off date for payment through the next payroll is the ***Insert Day*** of the month)		
Expense Type	Expense Details	Value
Car Travel Expenses (paid at ***Insert Amount*** per mile)		£
Other Travel Expenses		£
Subsistence Expenses		£
Accommodation Expenses		£
Other Expenses		£
Total Value of Claim	£	
Signed (Employee):		
Date:		

Part 2 of 2 – To be completed and authorised by the employee’s line manager after completion of Part 1 by the employee

Car Travel Expenses (paid at ***Insert Amount*** per mile)	£
Other Travel Expenses	£
Subsistence Expenses	£
Accommodation Expenses	£
Other Expenses	£
Total Value of Claim	£
Approved? Y/N	
Reason if Approval not Granted	
Date of Payment through the Payroll System	
Name of Line Manager:..... Signed:..... Date:.....	

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Training Evaluation Form

Name of Employee:.....

Job Title:.....

Title of Course:.....

Date(s) Attended:.....

How well did the training meet your personal objectives? (please tick one below)			
Fully	Mostly	Partly	Not at all
Please explain the reasons for your last answer			
How will you put your newly acquired skills/knowledge into The IGPF to improve your job performance?			
Do you think that the training was well conducted and value for money?			

Would you recommend this course to others? (please tick one)	
Yes	No
Please explain the reasons for your last answer	
Signed (Employee): Date:	

Please hand this Training Evaluation Form back to your line manager at your earliest opportunity following completion of the course.