|  |
| --- |
| **QUALIFICATION SPONSORSHIP APPLICATION FORM** |

Opportunities for sponsorship to obtain **ESSENTIAL** vocational qualifications are open to all employees not on probation, subject to strategic and operational priorities, requirements, and budgetary limits.

If approved, your sponsorship will be delivered under a formal legally binding agreement between you and the Council. One of the conditions is that should you leave the Council’s service within two years of gaining your qualification, you will be liable to repay some or all of the expenditure on your training. If you wish to know more, please examine the example of a Training Agreement available on the Council’s Intranet.

**Your training need MUST be clearly linked to your appraisal/one-to-one meetings.**

Please complete **SECTION A** of this form and discuss with your Section Manager and Assistant Director who will confirm his/her approval under **SECTION B**. Forms should be completed in capitals and sent to the People Development Team at – peopledevelopment@tendringdc.gov.uk for evaluation, budget consideration and corporate level approval. In some circumstances approval may depend on an informal interview and assessments.

|  |
| --- |
| **SECTION A – PERSONAL DETAILS** |

Name: Department & Section:

Post Title:

Are you in a career-graded post? YES or NO

If yes, please provide a copy with this application

|  |
| --- |
| **COURSE OR TRAINING APPLIED FOR**  |

Title: Stage / Level:

College/Tutor Organisation:

Start Date: Completion Date:

Please attach supporting materials that detail the course contents, costs and requirements.

How many quotes have you obtained?

|  |
| --- |
| **TRAINING COSTS** |
|  | Cost £ | % support requested |
| Quote 1 | Quote 2 |
| Tuition |  |  |  |
| Registration |  |  |  |
| Examination |  |  |  |
| Professional Membership |  |  |  |
| Travel |  |  | 0 – to be self-funded |
| Essential Materials |  |  | 0 – to be self-funded |
|  Total amount of support requested | **£** |

|  |
| --- |
| **PRESENT QUALIFICATIONS** (please start with most recent – state none if appropriate) |
| DATE | QUALIFICATION | AWARDING BODY | GRADE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PRIMARY REASON(S) FOR REQUESTING THIS SPONSORSHIP** |

1. **Please tick and rank (1 being highest) no more than three of the following to indicate the primary purpose(s) of this sponsorship:**

* To give skills and knowledge essential for your current job
* To enable the delivery of Corporate\*/Department\*/Section\* objectives (\*delete as required & state objective(s) below)
* To enable you to take on new/more senior responsibilities (state what below)
* To develop personal effectiveness skills e.g. communications, time management etc.
* To develop a more flexible role.
* Other reason (please specify)
1. **How will we know if this is achieved?**
2. **Which are the most important skills and areas of knowledge you need to develop? Why will this particular training course provide the solution?**
3. **State specifically the benefits to be obtained for the Council or your Section/Department that will occur as a result of completing this qualification and how you will prove that this benefit has been achieved?**
4. **State why this course is ESSENTIAL for your job role:**
5. **Please indicate which Competencies you are seeking to develop**

|  |  |
| --- | --- |
| **COMPETENCY HEADING** |  |
| **1.1 Deciding and Initiating Action**  |  |
| **1.2 Leading and Supervising**  |  |
| **2.1 Working with People**  |  |
| **2.2 Adhering to Principles and Values**  |  |
| **5.1 Learning and Researching**  |  |
| **5.2 Creating and Innovating**  |  |
| **5.3 Formulating Strategies and Concepts**  |  |
| **6.1 Planning and Organising**  |  |
| **6.2 Delivering Results and Meeting Customer Expectations**  |  |
| **6.3 Following Instructions and Procedures**  |  |
| **7.1 Adapting and Responding to change** |  |
| **7.2 Coping with Pressures and Setbacks** |  |
| **8.1 Achieving Personal Work Goals and Objectives**  |  |
| **8.2 Entrepreneurial & Commercial Thinking**  |  |

**I understand that if my application is successful, I will be bound to a legally enforceable training agreement with Tendring District Council for a period of two years after completion of the training.**

**Signature of applicant…………………………………….Date………………………………**

**Print Name ........................................................................................................................**

Please ensure that an up-to-date copy of the Job Description, Person Specification and Career Grade is attached to this application, along with any agreed personal development plan. Also required are copies of the course syllabus and price details of all the options you have investigated.

|  |
| --- |
| **Please note that if sponsorship is approved TDC reserves the right to amend the course, level, college/university and or delivery method used.** |

|  |
| --- |
| **SECTION B** **TO BE COMPLETED BY THE SECTION MANAGER / ASSISTANT DIRECTOR** |

**APPLICANT’S NAME**

**...........................................................................................................................................**

1. **Please confirm the key skills and knowledge areas this applicant needs to develop.** **In particular which aspects of the applicants’ performance are you seeking to improve?**
2. **Do you believe this qualification will meet the development needs above and how will you measure the expected performance improvement?**
3. **Please explain how this fits in with your Departmental plan / objectives and your Workforce Development Plan.**
4. **How will you support the applicant to achieve the qualification and ensure that the learning is put into practice in the workplace?**

**I recommend / do not recommend\* the above applicant to be sponsored by the Council to undertake this Qualification.**

**(\*please delete as applicable)**

If recommended, please rate the priority of this training based on the effect of funding not being available (tick the appropriate box)**.**

Likelihood

**Impact:**

**I** Critical failure to achieve corporate plan objective

**II** Significant failure to achieve department plan objective or some impact upon corporate plan objective

**III** Marginal some impact on achievement of department plan objective

**IV** Negligible little or no compromise on of achievement of service plan objective

**Likelihood:**

**A** Very High >90%

**B** High 55% - 90%

**C** Significant 15% - 54%

**D** Low 5% - 14%

**E** Very Low 1% - 4%

A

B

C

D

E

F

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

 IV III II I

Impact

**Signature …………………………………………** Section Manager / Assistant Director

**Date ……………………………………**