

## EXTERNAL TRAINING REQUEST FORM

Employee Name:	Title of your post at the Haven:	
Contact telephone number:	Email address (PLEASE USE CAPITALS):	
Title of course:		
Location of course:	Date(s) of course:	Total study days required:
Institution / organisation running course:		
Cost:	Amount of funding in last 12 months:	
Amount of study leave in last 12 months:	Training category (see below):	
Training Categories: A = Trust Mandatory Training                  B = Training Matrix                  C = Personal Development (PDP)		
Please state your expectations of this course and how you think it will improve your role:		
Is anyone else from the Havens attending this course or has attended this course in the past?  Yes / No / Don't know		
How do you plan to implement learning into your role?		
Any external learning could be beneficial to other colleagues at the Havens. How do you plan to cascade information to the wider Havens team? (Eg, team meeting, PRM, 1:1) Date of above agreed with line manager: Yes / No		
Employee signature	Date	
<b>AUTHORISATION CHECKLIST</b> Study leave authorised <input type="checkbox"/> Course costs authorised <input type="checkbox"/> Cost Code: ..... Plan for learning cascade agreed with employee <input type="checkbox"/>		
Line manager's signature	Date	