**DURHAM COUNTY COUNCIL**

**CHILDREN AND YOUNG PEOPLE’S SERVICES**

**APPLICATION AND LEARNING AGREEMENT**

**FOR ACCESS TO THE PRACTICE EDUCATOR AWARD**

**GUIDANCE FOR APPLICANTS**

* Applications for access to the Practice Educator Award can be made at any time, and will be considered for the next available programme (in line with applicant preferences).
* Please ensure this form is fully completed and signed before submitting by e-mail to: [Joanne.Walker@durham.gov.uk](mailto:Joanne.Walker@durham.gov.uk)

**SECTION 1: TO BE COMPLETED BY APPLICANT**

**PERSONAL DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your substantive post? YES/NO (delete as appropriate)

**if yes; please move to section 2, if no, please complete details below:**

Substantive Post Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREFERRED COURSE OF STUDY**

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated cost of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you do not complete the qualification in the required time/leave the County Council, you may be required to repay the course fees. Please read and sign the conditions of financial assistance on page 3.***

**ELIGIBILITY FOR STUDY**

Please tick the appropriate boxes below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |
| Will you have 2 years or more post qualification social work experience on the course start date? |  |  |  |
|  |  |  |  |
| Can you commit to supporting a student every academic year after qualifying as a practice educator? |  |  |  |

**BUSINESS CASE FOR STUDY**

Please provide brief answers to the following questions:

1. What positive impact do you expect the course will have for you, your team and the service?

1. How will you manage your time to complete the course?

**DATA PROTECTION AND INFORMATION SHARING**

In order to allow my employer, Children and Young People’s Services, Durham County Council, to monitor my progress and support me in completing this qualification, I agree that information relating to my employment, and learning and development can be shared between the University and my employer, in accordance with the Data Protection legislation.

Full Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you do not complete the qualification in the required time/leave the County Council, you may be required to repay the course fees. Please read and sign the conditions of financial assistance on page 3.***

**POST ENTRY TRAINING - CONDITIONS OF FINANCIAL ASSISTANCE**

**Name:**

**Title of Course:** Practice Educator Award

|  |  |
| --- | --- |
| **NJC  CONDITIONS**  **S2 5(a)** | Where an officer without good reason fails to sit for an examination within a reasonable period or fails to show satisfactory progress in his/her studies or discontinues his/her course, the authority may forthwith withdraw the facilities granted under this scheme and may require the refunding of such proportion of the financial assistance granted as the authority may determine in the particular case. |
|  |  |
| **S5(b)** | The continuance of facilities under this scheme, whether for a second or succeeding stage of study or for a second attempt at an examination, shall be granted only if the authority is satisfied either that the officer has passed the appropriate examination, has otherwise made satisfactory progress in his/her studies or merits assistance to enable him/her to sit the examination again. |
|  |  |
| **S5 (c)** | Where facilities are granted under this scheme to enable an officer to acquire a recognised qualification, the employing authority may make it a condition precedent to the granting of such facilities that the officer shall be required to undertake to remain in the service of the employing authority for a period of two years from the date on which the qualification is obtained. Where an officer who has been granted facilities under this scheme fails to honour his/her obligations as a result of obtaining a post outside the Local Government Service, then repayment in full of the financial assistance should be required. (Amended by local agreement 07.08.14). |
|  |  |
| **S5(d)** | Where facilities are granted under this Scheme to enable an officer to acquire a recognised qualification and the officer leaves the employ of the authority before completing the whole or a defined part of the qualification, the authority shall be entitled to claim repayment on the lines of paragraph (c). |
|  |  |
| **S5(e)** | Where repayment of financial assistance is required this shall not include salary paid in respect of time spent at approved courses of study. |
|  |  |
| **COUNTY COUNCIL DECISIONS ON CONDITIONS OF SERVICE** | |
|  |  |
| **B2** | An officer who is taking a course of instruction at a college or by a correspondence course which has been specifically approved as appropriate in his/her case, receives financial assistance under these regulations and who fails his/her examination will be granted financial assistance to sit the examination for a second time provided that the Principal of the College or the Correspondence Institute shall have previously certified that the officer conscientiously and satisfactorily completed the course. |
|  |  |
| **B5(a)** | Before a payment is made to an officer under these regulations he/she will be required to undertake to refund the amount in full if he/she:- |
|  | (i) abandons the course of study to which the payment relates; |
|  | (ii) does not take the examination within a reasonable time; |
|  | (iii) fails the examination |
|  | Provided that repayment under sub-paragraph (iii) will be waived if, within 3 months of receiving notification of failure, the officer produces to the head of the department a certificate issued by the Principal of the College or of the tutorial body directing his/her studies that he/she completed the course of studies conscientiously and satisfactorily.  I shall require financial assistance in accordance with the above regulations. Although my fees will be paid direct to the college, the regulations will apply to me as if the payments had been made to me and I give the undertakings required by the regulations.  Signature ……………………………………. Date ………………………………… |

**Post Entry Training Agreement**

**To be completed by the employee:**

|  |  |
| --- | --- |
| Name: |  |
| Employee Number: |  |
| Post Entry Training/Qualification: |  |
| Approved by: |  |
| Service: |  |
| Place of work: |  |

**The Agreement:**

I undertake to compete the relevant post entry training/qualification and I undertake to remain in the service of the employing authority for a period of two years from the date on which the qualification is obtained.

I understand that failure to fulfil this undertaking for the required minimum period, I accept that it will be necessary for me to repay, in full, the costs of the qualification or post entry training and I agree and undertake to pay such costs in full.

I understand that if I abandon the course of study before completion of the qualification, or if I do not complete (or fail) any associated examinations, I accept that it will be necessary for me to repay, in full, the costs of the qualification or post entry training and I agree and undertake to pay such costs in full.

The above is subject to the NJC Conditions of Financial Assistance and any service specific arrangements detailed separately.

**Signed by:**

|  |  |
| --- | --- |
| **Employee signature:** |  |
| **Print name:** |  |
| **Date:** |  |

**SECTION 2: MANAGEMENT APPROVAL**

**TO BE COMPLETED BY CURRENT LINE MANAGER**

Do you support this application? YES/NO (delete as appropriate)

Please provide supporting comments

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY SUBSTANTIVE LINE MANAGER (IF APPLICABLE)**

Do you support the decision made by the current Line Manager? YES/NO (delete as appropriate)

Please provide supporting comments

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY STRATEGIC (TIER 4) MANAGER**

Do you support this application? YES/NO (delete as appropriate)

Please provide supporting comments

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_