

**Leadership, Education and Development  
LEARNING BEYOND REGISTRATION  
Non Preferred Provider (FLEX) Funded Training – Learning Contract**

*To be completed by student:*

I, (full name)..... accept the offer funding for:

Course Title: .....

Education Provider: .....

Event Date: ..... Cost: £.....

- I confirm that I am fully compliant with all Statutory & Mandatory training (**no red buttons**) and agree to maintain this during my studies.
- I understand I **MUST** obtain a Reference Code from the LBR team before I organise my training, which will only be issued upon confirming my Statutory & Mandatory training compliance. I will update the LBR team on the status of my booking when requested
- I accept it is a condition of the Trust agreeing to fund this place that I attend **ALL** required study days and undertake to submit **any** assessments. I agree to notify the LBR team of my absence from any part of the course on [LBR@southernhealth.nhs.uk](mailto:LBR@southernhealth.nhs.uk)
- I will provide evidence of attendance at/completion of the course to the LBR team e.g. CPD hours certificate, confirmation of award, letter of attendance.
- I agree to complete a piece of reflection on how my practise has been enhanced by this training opportunity within 3 months after completion and understand I may be asked to provide key points for inclusion in the Trust's Annual Report to Health Education Wessex.
- I understand if I do not make use of the funding awarded to me the money may be reallocated, and I will be notified of this by email.

I understand and agree that if:

- **I fail to attend required study days without legitimate reason, (e.g. sickness, compassionate leave) or do not submit or participate in all required assignments, so fail as a result**

I will be required to repay 50% of the cost, which is £.....

I agree to repay the money within 3 months of notification by LEaD that such a charge is being made and understand this may affect my future access to LBR-funded training.

Signed: ..... Date: .....

Print name: .....

**To be completed by Line Manager:**

- I confirm ..... is fully compliant in Statutory & Mandatory Training.
- I understand the benefits of this training for the student and the service.
- I agree to provide opportunities for study and access to information to enable the student to complete the course. I am aware of the course programme and requirements for attendance and assessment, and will offer help and support as required.
- I will discuss progress with the student at regular intervals (if appropriate) and will not agree to any requests for changes to choice of course, costs incurred (except expenses not covered by LBR) etc. without prior knowledge and approval of the LBR team.
- I understand I can contact the LBR team for advice and support on [LBR@southernhealth.nhs.uk](mailto:LBR@southernhealth.nhs.uk) and agree to discuss any concerns I have with the team as soon as possible.

Signed: ..... Date: .....

Print name: .....

**Please note:** \* Costs of travel and other expenses will not be paid by the LBR team or LEaD.

**\* Each case will be investigated and reviewed individually, and the final decision regarding reimbursement lies with the appropriate Directorate/Divisional Manager.**

**Please ensure ALL sections are completed - incomplete forms will be returned.**

Email: [LBR@southernhealth.nhs.uk](mailto:LBR@southernhealth.nhs.uk)

Fax: 02380 874164

**Both STUDENT and LINE MANAGER must complete and sign this form**