

**Leadership, Education and Development
Preferred Provider (CORE) LEARNING BEYOND REGISTRATION
Learning Contract**

To be completed by student:

I, (full name)..... accept the offer of a place on:

Module/Course Title:

Module/Course Code: 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 accept it is a condition of the Trust agreeing to fund this place that I attend **ALL** required study days and undertake to submit **ALL** assessments.
- I agree to notify the LBR team of my absence from any taught study days on LBR@southernhealth.nhs.uk
- I am aware I must inform my line manager of academic progression and any suspension from studies and that failure to do so could be considered a disciplinary issue.
- I agree that the University discloses details of any non-attendance, non-submission and my results to the Trust.
- 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 England.

I understand and agree that if:

- **I fail to attend required study days without legitimate reason, so am withdrawn from study** (*e.g. sickness, compassionate leave*)
- **I fail to submit or participate in the all required assignments and fail the module 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 and will not agree to any requests for changes to level of study, attendance or submission 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 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 or Fax to:

Email: LBR@southernhealth.nhs.uk

Fax: 02380 874164

Both STUDENT and LINE MANAGER must complete and sign this form