

Learning & Development: Review, Analysis and Implementation – March 2015

'Adhoc' Learning Request & Approval Form

Part 1: Learning Requirement

To be completed by the line manager and/or employee

Employee Details (where learning is for one individual)

Name:		Tel No:	
Job Title:		Work Location:	
Department:		Strategic Service Area:	

Target Population (where learning is requested for more than one individual)

Target group and No's:	
Delegate Names:	
Strategic Service Area:	

The Requirement	<p>Has this learning need been discussed with your line manager? Y/N</p> <p>Is this need documented on your Personal Development Review (PDR) Y/N</p> <p>Why is this learning needed?</p> <p> <input type="checkbox"/> Professional development (Higher/Further Education)* <input type="checkbox"/> Legislative driven <input type="checkbox"/> Requirement of current post <input type="checkbox"/> Other – please add comments </p> <p>Additional Comments:</p> <p><i>* please note additional HEFE Policy and related paperwork will also apply</i></p>
The Solution	<p>Please describe the solution including any identified courses and suppliers.</p> <p>Internal: Course <input type="checkbox"/> E-learning <input type="checkbox"/></p> <p>External: Conference <input type="checkbox"/> Course <input type="checkbox"/> E-learning <input type="checkbox"/> HEFE/Qualification <input type="checkbox"/></p> <p>Other: Please specify:</p> <p>Title:</p> <p>Supplier:</p> <p>Date(s):</p> <p>Duration of course (days/hrs.):</p> <p>Associated travel time (mins/hrs.):</p> <p>Any other time requirements (days/hrs.) e.g. pre-course work - please specify:</p> <p>Prerequisites e.g. system access/reading/course work – please specify:</p> <p>Calculated total time requirement:</p> <p>Solution/Event Location:</p>

Learning & Development: Review, Analysis and Implementation – March 2015

The Cost	Please insert the cost of the solution (where applicable). Event Cost (ex VAT): £ Travel Costs: £ Additional Costs – please specify _____: £
Solution Budget	Please enter budget cost centre and code funding the requested Learning & Development need. Cost Centre: Cost Code: N.B. Please enter ' E&PD ' for solutions that are to be supported from the centralised L&D budget otherwise please enter actual Cost Centre and Cost Code to be charged.

What will be gained through the Learning Solution?

Please list the course/conference aim and objectives.

Define learning success measures

This section requires you to define the agreed performance e.g. knowledge, skills, behaviours and performance indicator/operational measures before and after the implementation of the learning solution, stating how the difference in performance will be measured.

Provide an explanation of current situation

Please use SMART (specific, measureable, achievable, realistic, time bound) objectives to describe what is to be achieved and how you will measure the impact of learning on the following:

Self (where applicable)

Team/Service Area

Council and our Corporate Goals (Single Outcome Agreement and Business Improvement Plans)

What priority is this learning solution? (Please tick)

- High: within 0 - 3 months ☐
- Medium: within 3 - 6 months ☐
- Low: within 6 - 12 months ☐

Learning & Development: Review, Analysis and Implementation – March 2015

Employee (N.B. If single request must be signed by Employee)

Name	
Signature	
Date	

Line Manager Approval

Name		Signature	
Designation		Date	

Service Manager Approval

Name		Signature	
Designation		Date	

Business Partner Approval

Name		Signature	
Designation		Date	

PART 2: Learning Solution

To be completed by assigned Learning & Development Facilitator

Learning & Development Facilitator:	Date:
Signature:	
Line Manager advised of outcome	Date:
Event logged on MIS Please insert MIS/Workforce Code:	Date:
Pre-course Requirements (e.g. accessing learning hub/on line assessment)	

Learning Solution / Course Title	Internal / External	Supplier Details	Proposed delivery date / Course Date
Cost	Cost Centre	Purchase Order No	Additional Information

PART 3: Learning Solution Approval

To be completed by assigned Employability & People Development Lead/Organisational Development Manager

Name of Approver	Date:
Signature:	
Reason for Decision /Alternative Recommendation:	

This nomination to undertake the above learning solution *has/has **NOT** been approved (* please delete as applicable)