

Further Education Proposal Form 2024-25

Name		
Department / School		
Further Education Activity / Course Title		Course Details Attached (tick) ☐ And/or weblink :
Name of Further Education Institute or Body		Proof of Acceptance onto the course attached (tick) ☐
Description		
Details of the estimated cost for the academic year		
State, if any, the relevance to the school improvement/strategic plan		
Please indicate the support you are seeking:	Study leave / time support (tick) ☐	Monetary Support (tick) ☐
For Study Leave	Number of days required: Purpose of leave/time:	

Requested by : _____ Date: _____
(Name & signature)

Supported by : _____ Date: _____
(Line Manager) (Name & signature)

Approved by : _____ Date: _____
(Head of School or HR/CPD Leader) (Name & signature)

For CPD Team Use:			
Support Awarded		Approved by	
Any other comments:		Date	
		Agreed by	
		Date	
Please note * -There is a service bond of no less than one year from the date of successful completion of the course. -Proof of ACCEPTANCE onto the course is necessary and proof of successful completion may be requested at any time. -In the event that the course is not completed the school may recover the financial value of the support given. -We all cherish the time spent by a teacher in front of his/her class; requests for study leave will take into account any other commitments that involve time out of the classroom.			