Study Leave Agreement

## Applicant Details

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Directorate |  |
| Date of request |  |

|  |  |
| --- | --- |
| Name of course/training/event |  |
| Training/course reference where applicable |  |
| Date of training/event |  |
| Location |  |
| Description |  |
| Training identified in PDP - Y/N |  |
| Amount of study time requested |  |
| Describe how this training or event will help you in your job and/or career development/project. Please be specific as to anticipated skills, knowledge and/or professional development. Please use a separate sheet if necessary |  |

## Outcome

|  |  |
| --- | --- |
| Study leave agreed |  |
| Applicant signature |  |
| Manager signature |  |

**Where the time off requested is more than three working days this request should be submitted to the CCG Training panel for approval**

**Signed form to be filed on individual’s personal file**