

## FURTHER EDUCATION/TRAINING AND DEVELOPMENT POLICY

### **Guidelines in respect of requests for support for Further Education/ Training and Development Courses in relation to Committee's Clerical and Administrative Staff.**

#### **INTRODUCTION:**

##### **RATIONALE**

Donegal ETB, under its Education Plan, is committed to promoting and encouraging the personal and professional development of all its employees. It is particularly committed to the provision of education and training opportunities for those members of staff who may not previously have had a chance to gain qualifications or to participate in appropriate learning options. This policy seeks to actively encourage and facilitate the Committee's **Clerical and Administrative Staff** to undertake further education and training which may lead to improved promotional prospects and/or increased continuous professional development and which will result in the delivery of an overall improved quality service for the organisation.

##### **RETURN TO STUDY**

Many adults who do not routinely engage in further education and training experience anxiety and nervousness at the prospect of taking up a course of study, in spite of their genuine wish to do so. The Committee's Adult Education Service can provide customised "Return to Study" courses which provide skills and guidance in this area. The Committee also operates an Adult Educational Guidance Service which can offer guidance to those employees wishing to explore available learning opportunities and support services

#### **THE PROCESS**

##### **1 Recommendation/Permission to attend Course of Study.**

Permission of Donegal ETB to be obtained in advance in respect of any course of study for which support is sought. Recommendation in the first instance will be via Principal/Director/Head Office Line Manager/AEO in consultation, if necessary, with the Human Resources Division. (See attached Request Form at Appendix 1)

##### **2. Relevance of Course of Study.**

Any course undertaken must be relevant to the:

- (a) Strategic aims of Donegal ETB, **as set out in Committee's Education Plan**
- (b) Current duties being carried out by the employee/possible future needs of the **post/administrative area or Scheme;**
- (c) Personal Development of the employee as agreed under the Performance Management Development System. (PMDS)

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### 3. Funding/Refund by Donegal ETB

Subject to paragraph 4 below, the percentage of course/examination fees to be funded /refunded, will normally be:-

- (a) 100% funded, by Donegal ETB where courses are relevant to 2(a) and 2(b) above and where the particular course has been initiated/organised by the Principal/Director/Head Office Line Manager/AEO and approved by the Head of Administration;
- (b) 50% refund where courses/exam fee is relevant to 2(c) above and where the particular course has been initiated by the employee, and agreed with the employer. Note Department of Education and Skills Circular Letters 45/82 and 54/85 allow 100% refund in certain circumstances.

Note: Employees will be expected to complete the Course and to provide evidence of attendance at the course.

### 4. Conditions for Refund.

Refund outlined at paragraph 3(b) above will be re-imbursed only on receipt of:

- (a) Written confirmation of successful completion of the Course, and
- (b) Original receipts for any monies paid in respect of the course

### 5. Repayment of fees by Employee to Donegal ETB.

The repayment of fees by the employee, to Donegal ETB may be applicable, in certain circumstances, in the event of the employee leaving the employment of Donegal ETB. [Refers to paragraph 3(b) above]

### 6. Leave of Absence to attend Courses.

Employees will be facilitated, where possible, to attend courses during normal working hours.

### 7. Travel and Subsistence

Travel and Subsistence allowances as per Department of Education and Skills agreed rates for courses outlined at 2(a) above. Travel and subsistence allowances will not be payable for attendance at any other course.

### 8. Study Leave (CL F45/82 refers)

Study leave, in preparation for examination(s) associated with short accredited recognised courses, three (3) days study leave with pay may be permitted for each year of the short accredited course.

Study leave, in preparation for examination(s) associated with accredited recognised courses of three years or longer duration, a maximum limit of five (5) days study leave with pay in respect of each academic year of the course. (See Appendix 2)

### 9. Exam Leave

Exam leave may be approved when undertaking an examination of a recognised accredited course. (See Appendix 2)

### 10. Review of Training and Development Policy

This Policy will be reviewed in accordance with Donegal ETB's Education Plan. Applications for funding may be prioritised subject to resources and other relevant considerations.

Date: Sept 2015

## FURTHER EDUCATION/TRAINING AND DEVELOPMENT CLERICAL AND ADMINISTRATIVE STAFF

## APPENDIX 1

### APPLICATION FOR:

- Approval to attend at Further Education/Training and Development Courses
- Payment of Course/Examination Fees (where appropriate)

Please indicate [✓] which category of course you are making application under:

- ☐ The course below has been initiated/organised by the Principal/Director/Head Office Line Manager/AEO and approved by Head of Administration 100% funding], or
- ☐ The course below has been initiated by the employee, and agreed by the employer [50% refund]

### APPLICANT DETAILS:

Name:	_____	Post/Grade:	_____
Headquarters:	_____	Contract Type:	PERMANENT WHOLETIME
	_____		TEMPORARY WHOLE TIME
	_____		REGULAR PART-TIME
	_____		CID (Contract of Indefinite Duration)
	_____		FIXED TERM

### COURSE DETAILS: [Please attach relevant course details to this form]

Course Title: \_\_\_\_\_

Brief Description of Course: \_\_\_\_\_

Course Organised by: \_\_\_\_\_

Course Location: \_\_\_\_\_

Duration: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expected Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ATTENDANCE DETAILS:

Days per week (e.g. Monday): \_\_\_\_\_ Hours per day: \_\_\_\_\_

Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

## APPENDIX 1 (cont'd)

### APPLICATION FOR:

- Payment of Course/Examination Fees (where appropriate)

#### FUNDING DETAILS:

1. Cost per Course Period € \_\_\_\_\_

2. Total Cost to Completion € \_\_\_\_\_

#### APPLICATION FOR FUNDING OTHER THAN DONEGAL ETB: (tick as appropriate)

I have made no application/received funding for the above course other than from Donegal ETB ☐

I have made application for funding from another source. Details outlined below: ☐

#### CONDITIONS FOR APPROVING REFUND OF FEES:

I understand that should my request for a refund be granted that it is conditional on my successful completion of the course within the specified time.

Note: The repayment of fees by the employee, to Donegal ETB may be applicable, in certain circumstances, in the event of the employee leaving the employment of Donegal ETB.

#### UNDERTAKING BY EMPLOYEE:

I hereby undertake to supply Donegal ETB. with original documentary evidence of attendance at, and successful completion of, the course immediately upon receipt of certification.

#### STUDY LEAVE:

I understand that Study Leave may be applied for at a later date and only when a significant portion of the education/training course has been successfully undertaken.

Signed: \_\_\_\_\_  
Employee

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Department: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Countersigned: \_\_\_\_\_  
Line Manager/Authorising Officer

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Countersigned: \_\_\_\_\_  
Head of Administration

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return the Countersigned Form to:  
Training & Development, HR Division, Donegal ETB, Ard O'Donnell, Letterkenny, Donegal

#### *For Office Use Only*

Application received on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Decision by CE dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reply to Applicant dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## FURTHER EDUCATION/TRAINING AND DEVELOPMENT CLERICAL AND ADMINISTRATIVE STAFF

## APPENDIX 2

### APPLICATION FOR STUDY/EXAMINATION LEAVE

#### Study Leave

Study leave, in preparation for examination(s) associated with short accredited recognised courses, three (3) days study leave with pay may be permitted for each year of the short accredited course.

Study leave, in preparation for examination(s) associated with accredited recognised courses of three years or longer duration, a maximum limit of five (5) days study leave with pay in respect of each academic year of the course.

#### Exam Leave

Exam leave may be approved when undertaking an examination of a recognised accredited course.

Please indicate [✓] which category of course you are making application under:

- ☐ The course below has been initiated/organised by the Principal/Director/Head Office Line Manager/AEO and approved by Head of Administration [100% funding], or
- ☐ The course below has been initiated by the employee, and agreed by the employer [50% refund]

#### APPLICANT DETAILS:

Name:	_____	Post/Grade:	_____										
School/Centre:	_____	Contract Type:	<table border="0"> <tr> <td>PERMANENT WHOLETIME</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TEMPORARY WHOLE TIME</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REGULAR PART-TIME</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CID (Contract of Indefinite Duration)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FIXED TERM</td> <td><input type="checkbox"/></td> </tr> </table>	PERMANENT WHOLETIME	<input type="checkbox"/>	TEMPORARY WHOLE TIME	<input type="checkbox"/>	REGULAR PART-TIME	<input type="checkbox"/>	CID (Contract of Indefinite Duration)	<input type="checkbox"/>	FIXED TERM	<input type="checkbox"/>
PERMANENT WHOLETIME	<input type="checkbox"/>												
TEMPORARY WHOLE TIME	<input type="checkbox"/>												
REGULAR PART-TIME	<input type="checkbox"/>												
CID (Contract of Indefinite Duration)	<input type="checkbox"/>												
FIXED TERM	<input type="checkbox"/>												
	_____												
	_____												
	_____												

Course Title: \_\_\_\_\_

Progress to date on Course: (please attach copy of ETB Approval to attend course)

\_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

## APPENDIX 2 (cont'd)

### SPECIFIC DETAILS OF STUDY LEAVE

Total number of days Study Leave requested re. above course: \_\_\_\_\_

Date(s) on which you wish to avail of Study Leave: \_\_\_\_\_

Total Number of days Study Leave taken year to date: \_\_\_\_\_

### SPECIFIC DETAILS OF EXAMINATION LEAVE

Date(s) of examination(s) which apply to above course: [Please attach written evidence of above examination date(s)]

*I hereby make application for study/examination leave for the reasons stated above from Donegal ETB.*

*I undertake to use the study/examination days requested for the purpose stated.*

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee

Countersigned: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Line Manager/Authorising Officer

Please return the Countersigned Form to:  
Training & Development, HR Division, Donegal ETB, Ard O'Donnell, Letterkenny, Co. Donegal

### *For Office Use Only*

Application received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Decision by CE dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reply to Applicant dated: \_\_\_\_/\_\_\_\_/\_\_\_\_



### APPENDIX 3

## FORM OF UNDERTAKING BY THE EMPLOYEE TO DONEGAL ETB.

With reference to Paragraph 5 of the Training and Development Policy, I hereby undertake to refund payment of € \_\_\_\_\_, i.e. course fees in respect of the \_\_\_\_\_ course completed by me during the \_\_\_\_\_ academic session/course period in the event of my leaving Donegal ETB before completing one year's service in respect of each academic year or course period for which a payment has been made to me.

Note: The academic years or course periods themselves not to reckon as service in the context.

Signed: _____	Date: ____ / ____ / ____
Employee	

## APPENDIX 4

### REQUEST FOR RE-IMBURSEMENT OF FEES PAID

Name:	_____
Position:	_____
Course Title:	_____
Date on which Course Successfully Completed	_____

With reference to Paragraph 4 of the Training and Development Policy, I hereby request a re-imbursement of € \_\_\_\_\_, as per application made previously using Appendix 1 of the Training and Development Policy.

I have attached for your attention

- (a) Original certificate/written confirmation of successful completion of the Course, and
- (b) Original receipts for monies paid in respect of the course

Signed:	_____	Date:	____ / ____ / ____
	Employee		