Further Education Assistance Policy

**Scope**

This policy applies to all operational employees of COMPANY

**Purpose**

The Company may from time to time provide discretionary financial support for training and/or professional study. There is no obligation on the Company to authorise a request for financial support and the Company may withdraw or amend authorisation for any reason. By accepting financial support an employee is agreeing to the conditions set out in this Policy. This includes the repayment obligations referred to below.

**Application Process**

An employee considering taking further studies should first complete the application form (Appendix 1).

Details of the course, the subjects covered, the conferring body, the duration and the expected costs should be provided. The form should be forwarded to the LINE MANAGER/GM/MD/CEO for your region.

The following criteria will be considered when deciding whether to support an application:

• The applicant’s attendance and performance record

• The relevance of the course of study to the work of the area

• The implications of the person’s attendance on the operation of the area

An individual will be informed in writing by the LINE MANAGER/GM/MD/CEO whether they can support the application. The individual may appeal the decision to the functional LINE MANAGER/GM/MD/CEO.

Where the LINE MANAGER/GM/MD/CEO supports the application, or where the individual employee is appealing a decision not to support the application, the form should be forwarded to the relevant LINE MANAGER/GM/MD/CEO for final decision. The LINE MANAGER/GM/MD/CEO should consider:

• The relevance of the course of study to the business as a whole

• The cost of the course in the context of the budget available

• In the case of appeals, the validity of the reasons underlying the managers decision

Where the LINE MANAGER/GM/MD/CEO approves the appeal, the individual employee will be notified through his / her manager.

**Repayment Requirements**

Employees will be required to repay to the Company all or part of any sums received as the Company may request if they:

* fail to attend all classes or study weeks that the Company has paid for;
* do not submit essential course assignments without good reason;
* do not maintain a satisfactory performance record and competency levels;
* fail to pass an exam and/or have to re-sit at a later date;
* fail to sit the required examination within 1 calendar year of purchasing study materials;
* fail to complete the course within X years of the expected finish date.

In addition, by accepting financial support, an employee is agreeing to repay any sums received in the following amounts and in accordance with the following timescales:

* Employee or Company gives notice of termination prior to the qualification being completed, the employee must repay X% of all costs
* Employee or Company gives notice of termination within 1 year of gaining the qualification, the employee must repay X% of all costs
* Employee or Company gives notice of termination after 1 and within 2 years of gaining the qualification, the employee must repay X% of all costs

An employee will not be required to repay any costs under this policy if the Company terminates the employee’s employment for redundancy.

An employee shall not be required to repay any costs under this policy if the qualification relates to NAME OF COURSE OR QUALIFICATION where this qualification was a requirement of the role that the employee held.

If an employee chooses to defer a long term learning course and then subsequently gives notice to terminate their employment, they will be required to repay the full cost of the training.

**Deduction Clause**

The fees may be deducted from any sums due to the employee, including but not limited to final salary. If this is not enough to cover the costs, the employee is required to pay the outstanding balance prior to their leaving date. Should an employee fail to do so, the Company may take further steps to recover the outstanding sums.

**Cancelled Exams**

An exam or course can only be cancelled if there are medical reasons that prevented the employee from sitting the exam, if the employee is working their notice or if the Company agrees that there are extenuating circumstances. Not allowing enough time to study is not a suitable reason. In all instances, the cancellation must be authorised by LINE MANAGER/GM/MD/CEO. Supporting documentation may be requested i.e. medical certificate.

**Exam/Study Leave**

COMPANY does not provide for Exam/Study Leave under this policy. Time for examinations and/or study must be taken from annual leave entitlement.

OR

Employees will be allowed X days leave per exam. Employees will be allowed 1 day for the exam and X days for study days. These days must be applied for in advance and approved by the employees manager. Time for repeat examinations must be taken from annual leave entitlement.

All exam/study leave will be granted at the discretion of the company. The company reserves the right to limit the number of exam/study leave days taken in any given year for programs of substantial size.

Employees must provide a copy of their exam results to LINE MANAGER/GM/MD/CEO as soon as they are received.

**Appraisal Guided Development**

As part of an individual’s annual staff appraisal they are required to review the training that they have completed in the preceding year. Due consideration should also be given to the skills required to do the job. If an individual believes that they don’t have all the necessary training required to complete their job, it is their responsibility to ensure that their manager and/or supervisor is made aware of this training requirement.

**Abuse of Policy**

Any abuse in the application of this policy will be dealt with in accordance with the Company’s Disciplinary Policy and Procedure and may result in disciplinary action being taken, up to and including dismissal if proven to have occurred.

**Appendix 1**

Application Form

**Personal Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Details**

Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conferring Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College / Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subjects covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Course Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Yes No

If no, state reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LINE MANAGER/GM/MD/CEO

**Appendix 2**

Form of Undertaking

I acknowledge receipt of payment in the sum of €\_\_\_\_\_\_\_\_\_\_\_\_ as a refund of course fees for Academic Year \_\_\_\_\_ in respect of insert type of qualification (e.g. certificate, degree, etc.in insert qualification title.

Should I leave the employment of COMPANY, for whatever reason, within X years of the date of this undertaking, I will repay to the company the monies received in the following proportions:

* Employee or Company gives notice of termination prior to the qualification being completed, the employee must repay X% of all costs
* Employee or Company gives notice of termination within 1 year of gaining the qualification, the employee must repay X% of all costs
* Employee or Company gives notice of termination after 1 and within 2 years of gaining the qualification, the employee must repay X% of all costs

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LINE MANAGER/GM/MD/CEO