



HALL GREEN SCHOOL

CPD TRAINING CONTRACT July 2017

Adopted:	7 July 2017
Next Review:	7 July 2020
Governing Committee:	Full Governing Body
Responsibility:	Mr D Adams - Headteacher Mrs J Owen – Chair of Governors

Training Contract

This agreement is made between **name of employee** and Hall Green School. Hall Green School agrees to support your completion of the following course:

Course title: _____

Start date: _____

Expected duration of the course: _____

Hall Green School will provide funding of £**amount** to complete the above course, paid directly to your training provider.

Terms and Conditions

Hall Green School agrees to fully support and mentor you through your course; in return we require you to meet the following conditions:

1. I understand that I am responsible for any additional costs relating to the course, such as books, travel, materials and equipment.
2. I agree to commit the required time and effort needed to complete the above course and meet the responsibilities outlined by the training provider.
3. I agree to work at Hall Green School as per the terms of my employment contract.
4. I will notify Hall Green School if I do not attend a training session and will, in addition, notify the training provider.
5. I will give a copy of my certificate to Hall Green School on completion of the above course.
6. Should I not complete the above course or be able to meet any of the above conditions, I will inform Hall Green School in writing immediately and understand that I may be required to pay back the amount awarded.
7. I will remain employed at Hall Green School in my role of **role** during the period of training and understand that I may be required to pay back the amount awarded in full should I leave employment during the period of training.
8. I will continue to work at Hall Green School for **timeframe/2 years** after the completion of the above course and, should I leave prior to this date, I understand that I may be required to pay back all or a proportion of the cost of the course from my final salary payment.
9. **Employer to insert any further clauses relevant to the specific circumstances.**

Signed (employee): _____

Printed name (employee): _____

Date: _____

Signed on behalf of: _____ (employer/setting)

Printed name: _____

Date: _____