**Adult Social Care External Learning and Development Funding Application Form**

Any Adult Social Care employees of Walsall council requesting to attend an external event is required to submit a business case to their manager prior to application of approval for funding.  The business case should consider the following:

* Event details and associated costs
* The relevance to your role and responsibilities
* Is this part of your continuous professional development if so please detail
* How will this improve your performance
* How will this improve service delivery and outcomes for our customers

This form should be used when you are applying to attend an external short course, seminar, workshop or conference., subject to the above been completed **Authorisation for funding must be approved by Lisa Koc, Service Manager (Learning and Development),** prior to booking onto the event. Once funding approval has been authorised it is the responsibility of the applicant to organise attendance with the external provider.

Please forward the completed form to <learninganddevelopment@walsall.gov.uk> or post to Learning and Development Adult Social Care, Human Resources, 3rd Floor, Civic Centre, Darwall Street, Walsall WS1 1TP.

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| --- | --- | --- | --- |
| Applicants Name |  | | |
|  |  |  |  |
| Job Title: |  | Work Location: |  |
|  |  |  |  |
| Telephone No: |  | Email: |  |
|  |  |  |  |
| Line Manager Name: |  | | |
|  |  |  |  |
| Team Name: |  | | |
|  |  |  |  |
| Telephone No: |  | Email: |  |
|  | | | |
| Event Title: |  | | |
|  |  |  |  |
| Provider Name: |  | Provider Address: |  |
|  |  |  |  |
| Provider Telephone No: |  | Provider Email: |  |
|  |  |  |  |
| Event Date/s |  | Total Costs: | £ |

**To be completed by the applicant - Please tell us how this learning will:**

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| --- |
| 1. Improve your working practice and how this will be demonstrated/validated: |
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| 1. Improve service delivery, how this aligns to the service/team plan and how this will be demonstrated/validated: |
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| 1. Achieve outcomes for service users/customers and how this will be demonstrated/validated: |
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| **To be completed by the line manager:** |
| 1. How will you demonstrate/validate that the intended outcomes have been met , that the learning has been embedded into practice and shared with others? |
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| --- | --- | --- | --- | --- |
| Applicant’s Signature: |  |  | Date: |  |
| Line Manager’s Signature: |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be completed by Lisa Koc, Learning and Development Service Manager** | | | | |
| Approved Yes or No: |  |  | | |
| If no, please provide a reason: | | | | |
| Oracle Code: |  | | | |
|  |  |  |  |  |
| Signature Lisa Koc: |  |  | Date: |  |