



# STEP Academy Trust

## Course Funding Agreement

Date of Policy: October 2015

Review:

### Introduction

The STEP Academy Trust Board of Trustees has agreed this Policy and as such, it applies to all Academies within The STEP Academy Trust ("the Trust").

Name of employee: [ ].

Name of employer: The STEP Academy Trust ("the Trust").

### Details of course

[Insert details of course, including dates and length and training provider]

### Cost of training

The Trust agrees to pay the course fees of the training provider for the training of the employee. It is understood that the training will cost [insert details]. The training provider will need to invoice the Trust for the full costs of the course.

The Trust agrees to fund [enter percentage] of the total course fee. The employee agrees to fund the remaining [enter percentage] of the course funds.

### Deduction from salary of employee course funds

The employee agrees to have their percentage of course funds, totalling [enter cost/amount] deducted directly from their salary. The deductions will be in [enter number] monthly instalments of [enter amount] commencing [enter date].

### Study time

You are permitted to be absent for [ ] days [per year] for the purpose of completing course work and/or studying for and undertaking examinations/assessments. The days should be agreed no less than four weeks in advance with your Line Manager.

### Exchange of information with the training provider

By signing this agreement you give consent to the Trust exchanging information about you with the training provider and other relevant organisations for the purpose of facilitating and monitoring your training.

### Governing law and jurisdiction

This agreement is governed by the law of England and Wales and the parties hereby submit to the exclusive jurisdiction of the courts of England and Wales in relation to it.

## **Signatures**

Please sign and return the attached copy of this agreement to indicate your acceptance of its terms. If you have any questions about the meaning of any clause, please do not hesitate to contact [ \_\_\_\_\_ ].

Employee's signature: \_\_\_\_\_

Line Manager's signature on behalf of the Trust: \_\_\_\_\_

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