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| **Workforce Development Funding** | | | | |
| **MFT Learning Agreement** | | | | |
| This form is to be completed for all programmes of education funded through HEE Workforce Development Funding. It forms the basis of a learning agreement between the learner and their line manager to ensure clarity of support | | | | |
| **Learner details** | | | | |
| Full name |  | Hospital/MCS/MLCO/Corporate | |  |
| Job title |  | Dept. / Ward/Base | |  |
| Band |  | Tel No | |  |
| ESR No |  | Manager | |  |
| Email address |  | Manager’s job title | |  |
| **Course Details** | | | | |
| Title of programme |  | | | |
| Provider |  | | | |
| Academic level | Masters | Number of credits | |  |
| Start date |  | Duration | |  |
| Was this learning identified as part of your appraisal? (Y/N) | | | | YES  NO |
| How does this support your personal development plan? | | | | |
|  | | | | |
| What are the learning outcomes of the course? | | | | |
|  | | | | |
| Is your mandatory training up to date? (Y/N) | | | | YES  NO |
| **What support has been agreed regarding:** | | | | |
| Working / shift patterns to accommodate attendance at this course? | | |  | |
| Access to appropriate caseloads / protected time to support achievement of learning outcomes? | | |  | |
| Support from an identified mentor / supervisor / line manager, etc.? | | |  | |
| Has any additional support been agreed? | | |  | |

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| **Confirmation** | | | |
| **Learner** | | | |
|  | | | |
| Signature | Print name | Job title | Date |
|  |  |  |  |
| **Line Manager** | | | |
|  | | | |
| Signature | Print name | Job title | Date |
|  |  |  |  |
| This form should be retained in the learner’s personal file | | | |