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