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**Work related qualification agreement form**

Agreement number: Click here to enter text.

Name of employee: Click here to enter text.

Employee home address: Click here to enter text.

Name of course: Click here to enter text.

Name of educational establishment: Click here to enter text.

Qualification start date: Click here to enter text.

Qualification completion date: Click here to enter text.

Total number of days of study leave required: Click here to enter text.

As Lincolnshire County Council(LCC) has given me financial assistance to attend the above qualification, I hereby agree and accept the following terms and conditions:

1. I pay the course fees with a student loan and LCC reimburses me in full.

or

I provide LCC details for the fees to be paid directly to the course provider.

1. I shall repay a proportion of the fees if I fail to:

* achieve the qualification or
* complete the course satisfactorily

LCC will reasonably determine the amount.

1. If I resign within two years of completion of the course, I shall repay a proportion of the fees (see table).
2. If any of the events in clauses 2 and 3 occur, LCC shall notify me of the amount owing. I shall pay the amount owed within ten calendar days of receipt of the notification. The amount owed by me to LCC shall be owed as a debt.
3. Interest is payable on the amount owed under clause 4. It will be calculated at the rate of 4% over the Bank of England base rate. Interest will be charged from the final date for payment up to and including the date when it is paid in full.
4. I give permission for my educational establishment to disclose information regarding my attendance and progress records if requested by LCC.

I confirm that by signing this agreement, I understand and agree to the terms.

Signed ………………………………………………………………………..

Date: Click here to enter a date.

Signed on behalf of LCC by:

Manager's signature: ………………………………..……………………..

Manager's location: Click here to enter text.

Date: Click here to enter a date.

The manager must add the completed form to the employee's personal record.

**Repayment table**

The percentages show how much of the cost will be recovered if the employee left or fails to complete the programme.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month 11** | **Month 12** |
| 95.8% | 95.7% | 91.7% | 87.5% | 83.3% | 75% | 70.8% | 66.7% | 62.5% | 58.3% | 54.2% | 50% |
| **Month 13** | **Month 14** | **Month 15** | **Month 16** | **Month 17** | **Month 18** | **Month 19** | **Month 20** | **Month 21** | **Month 22** | **Month 23** | **Month 24** |
| 45.8% | 41.7% | 37.5% | 33.3% | 29.2% | 25% | 20.8% | 16.7% | 12.5% | 8.3% | 4.2% | 0% |