Completed Learning Form

This form is to record any learning not booked through the Employee Development Team bulletin.

Section 1.				
Employee Nos.				
Employee Name.				
Please tick type of le	earning:			
	Seminar	Briefing	Session	
	Conference	Induction		
	e-learning	On the Job training		
	Shadowing	Coaching		
	Mentoring	APDS		
	Course	IT Traini	ng	
Learning Start date / / Learning End date / / Learning Title/Notes Section 2 - Additional Information (optional):				
Duration (days/hrs)	iai imoi mation (optio	Costs		
Venue		Ledger Code		
Purchase Order No		Counts for CPD	YES/NO	
Manager's Name:				
Signature:	Date:			
ResourceLink Upd	ate - (please pass to Ser	vice Contact for up	odating on ResourceLink)	
Completed by: Date:				

Employee Request for Training – Equality Legislation Form

This form is to enable Falkirk Council to comply with Equality Legislation monitoring, the details below must be recorded in Resourcelink.

Employee's wishing to apply for any training should complete this form with their manager.

Employee to comple	to.			
Employee No.				
Employee Name				
Date of Application Course Title	/ /			
l				
Line manager to con	nplete_			
Has employee requested this training? (Only process this form if ticked)				
Application Accepted Application Rejected				
*If application accept	ed, please follow normal bo	oking procedure		
Reason for Rejection	1			
No Budget				
Course not applicable to current post				
Sponsored on more suitable course				
Manager Name:				
Signature:		Date:		
		Contact for updating on ResourceLink)		
Completed by:		Date:		