



KARE
Staff Training & Development
Policy

| KARE POLICY DOCUMENT | | | | |
|----------------------|------------------------|-------------------------------|--------------------------------|---------------------------|
| <i>Rev. No.</i> | <i>Approved by OMT</i> | <i>Approved by KARE Board</i> | <i>Launched Heads of Units</i> | <i>Operational Period</i> |
| Rev. 1 | | | 2002 | 2002 – Jan 2011 |
| Rev. 2 | Jan 2011 | Jan 2011 | Feb 2011 | Feb 2011 – Feb 2015 |
| Rev. 3 | Feb 2015 | March 2015 | Feb 2015 | Mar. 2015 – Mar. 2018 |
| Rev.3.1 | March 2018 | April 2018 | May 2018 | April 2018 - |

Section 1: Policy

1.1 Background to this Policy

KARE recognises the importance of having a skilled workforce in order to achieve strategic and operational plans and is committed to providing an environment that is conducive to effective performance and promotes training opportunities for all staff.

1.2 Aim of this Policy

To provide a framework for training that ensures staff have necessary competencies to deliver on KARE's strategic and operational plans and to meet statutory requirements.

1.3 Scope of this Policy

This policy relates to the Training of all KARE staff.

1.4 Policy Statements

- 1.4.1 There will be equality of opportunity for all KARE staff to develop their knowledge, skills and abilities through a blend of learning methods including, on the job learning/coaching, attending training courses, conferences and seminars and course mentoring.
- 1.4.2 The training needs of staff will be identified through Performance Management and Operational Planning in line with best practice and legislative guidelines.
- 1.4.3 The Annual Training Plan, outlining planned in house training courses will be approved by the Operational Management Team (OMT) and communicated to all staff.
- 1.4.4 KARE will facilitate externally accredited training and development opportunities for staff subject to the availability of funding.
- 1.4.5 KARE will be an approved Quality & Qualifications Ireland (QQI) Centre in order to provide nationally recognised progression opportunities.
- 1.4.6 All training, i.e. courses, workshops, seminars, and conferences ~~will~~ should be co-ordinated through the Training Department to ensure all training is captured and recorded appropriately.
- 1.4.7 Training courses will be evaluated to inform changes and improvements in training provision.
- 1.4.8 The line manager will agree with staff member, how the knowledge/skills learned will be shared to inform team/organisational learning.
- 1.4.9 The line manager will facilitate the staff member to transfer the knowledge/skills learned to the workplace.

- 1.4.10 Staff participating in training courses/seminars will satisfy all attendance, assessment and evaluation requirements within the required timeframes.
- 1.4.11 KARE will develop internal trainer capacity to facilitate delivery of training programmes in line with organisational needs and to provide training opportunities for staff.
- 1.4.12 Staff can apply to KARE for funding to undertake further education outside of normal working hours through the Education Assistance Programme. The funding for this programme will be subject to budget availability. Where funding is available the % approved for each person applying will be based on individual applications.
- 1.4.13 Where staff are undertaking further education outside of normal working hours they can apply for study/exam leave.
- 1.4.14 Staff will consult with their line manager in planning any pieces of work, course assignments or dissertations to ensure that the outcomes from these support continuous improvement for KARE. Findings from research carried out by staff as part of KARE funded programmes should be made available to the organisation.
- 1.4.15 Once Educational Assistance funding has been received and a staff member then;
- a) Discontinues employment with KARE during the year of funding
 - b) Discontinues their studies in that particular course or
 - c) Fails to pass required exams or assessments or
 - d) Cannot produce an official statement of results for exams completed and passed
- s/he will be asked to repay the total costs of the funding for the year in question to KARE.
- 1.4.16 Applications for study or exam leave will be considered from all staff undertaking courses, not just those being funded by KARE. It will be based on the relevance of the course to their role in KARE and must have prior written approval of the Line Manager.
- Study and exam leave must be taken within the academic year (not the calendar year) of the course. No leave will be backdated.
- 1.4.17 Study Leave Entitlements for Staff:
- Certificate course

(In line with level 6 of the [National Framework of Qualifications](#)) 1 day per academic year

Ordinary Degree

(In line with level 7 of the [National Framework of Qualifications](#)) 3 days per academic year

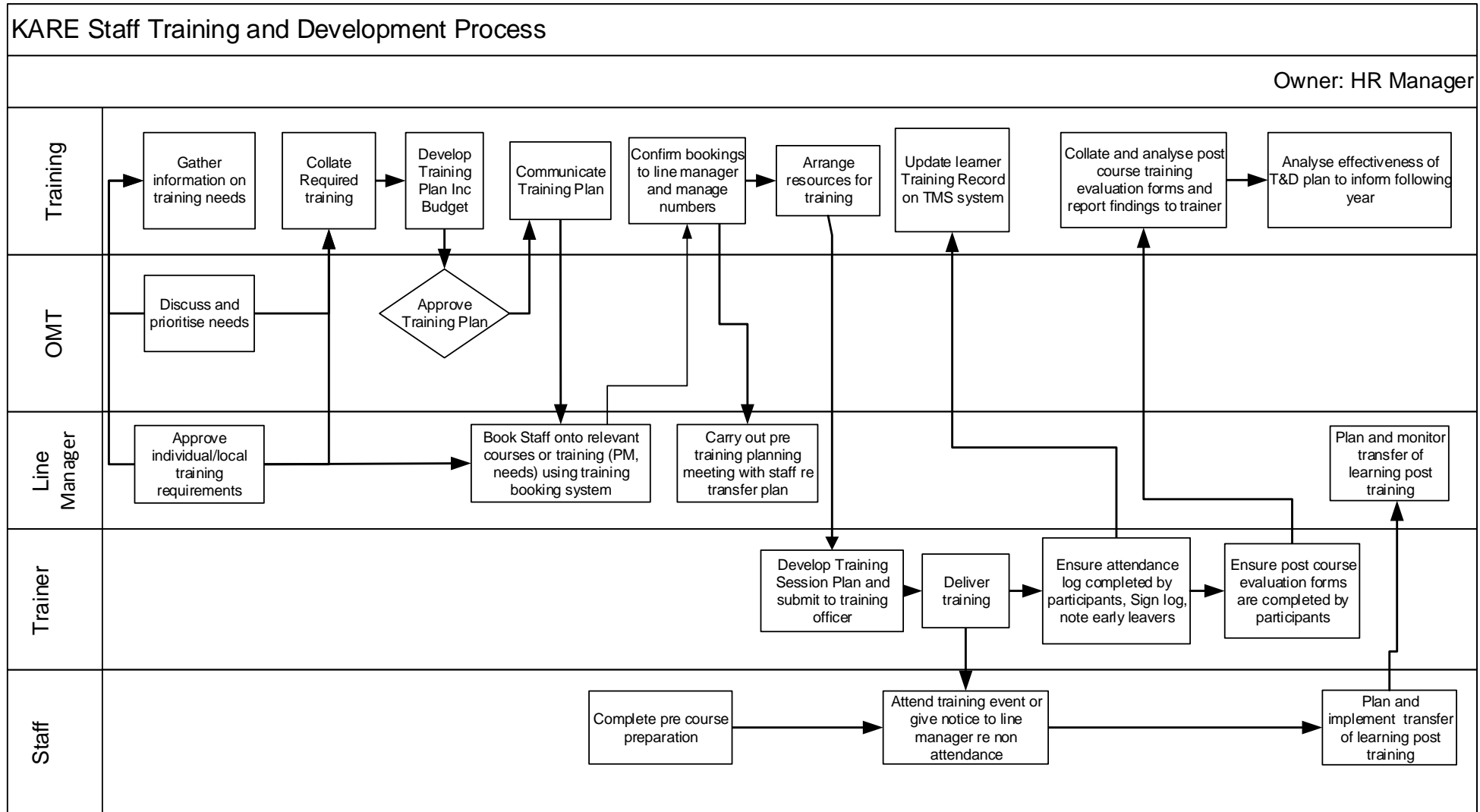
Honours Degree, Masters, etc.

(In line with level 8, 9 or 10 of the [National Framework of Qualifications](#)) 5 days per academic year

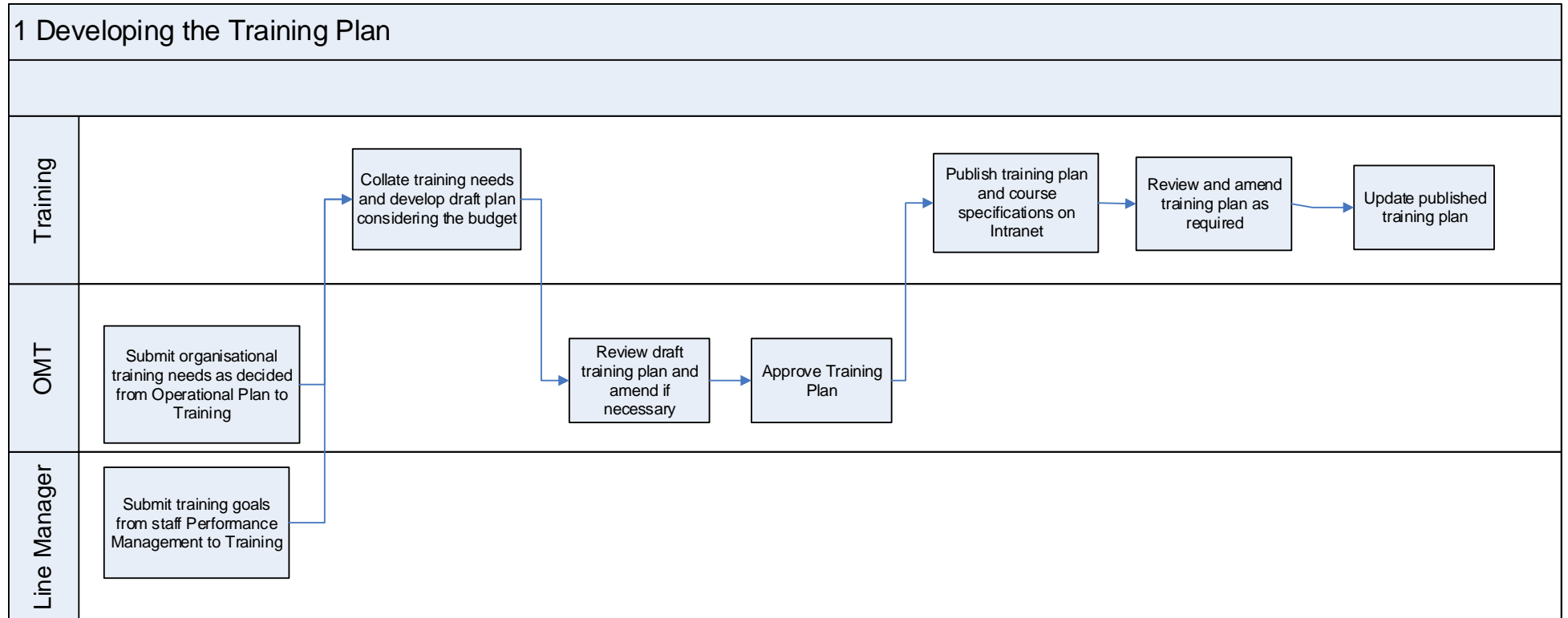
1.4.18 Exam Leave Entitlements for Staff:

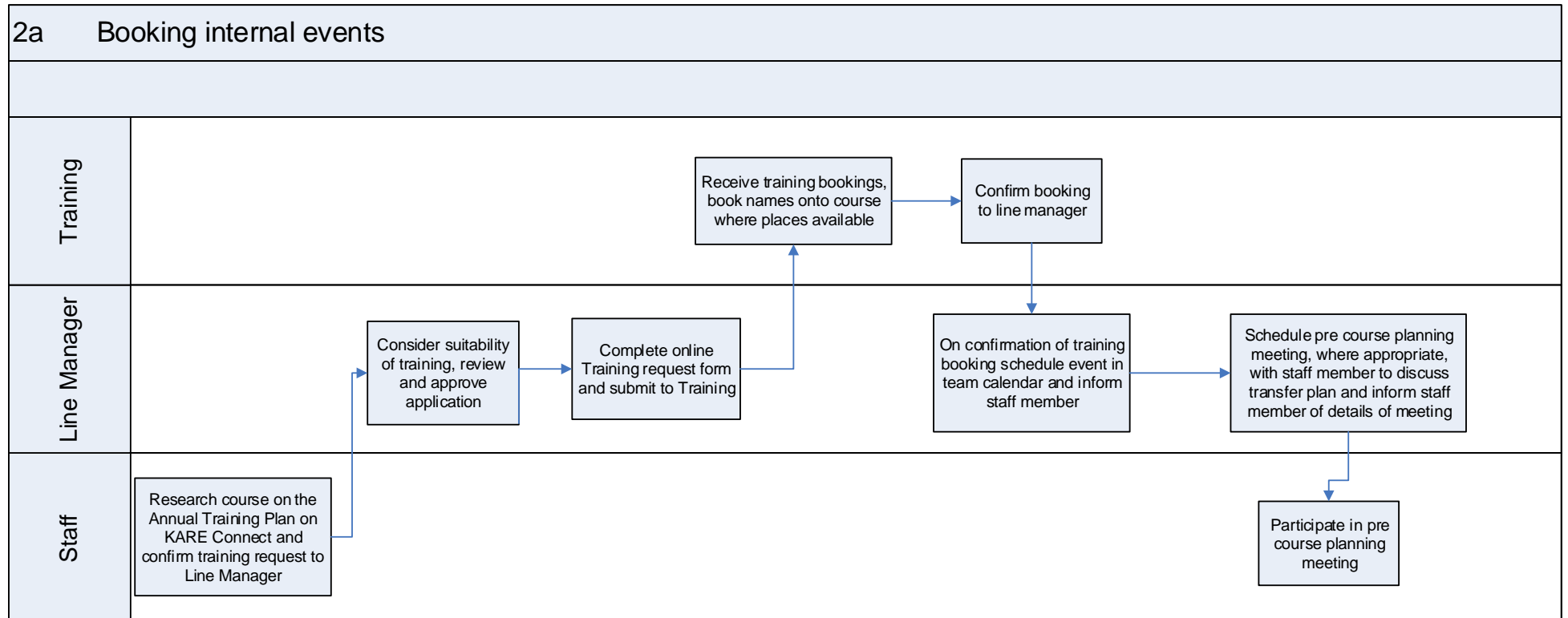
Exam leave application forms must be submitted to line managers with official exam schedule at least 3 months prior to leave being required. Leave entitlements will cover the duration of the exam.

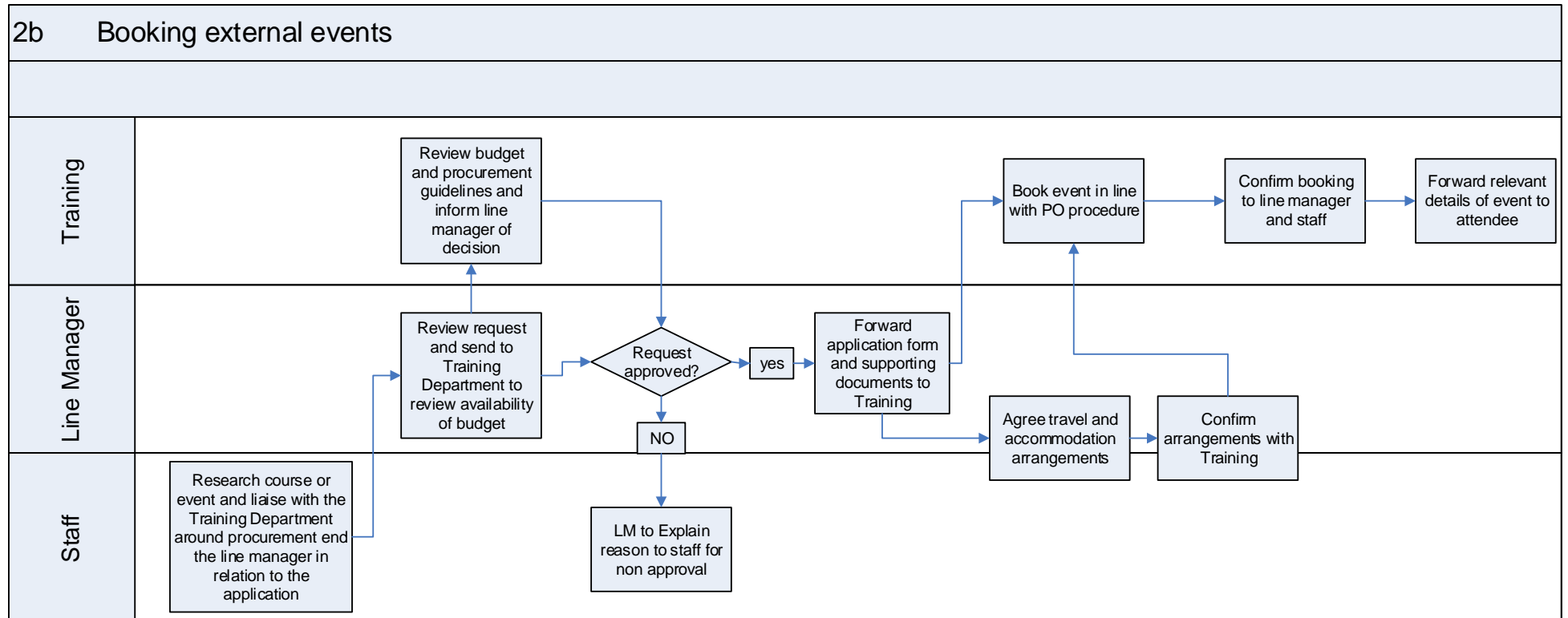
Section 2: Process

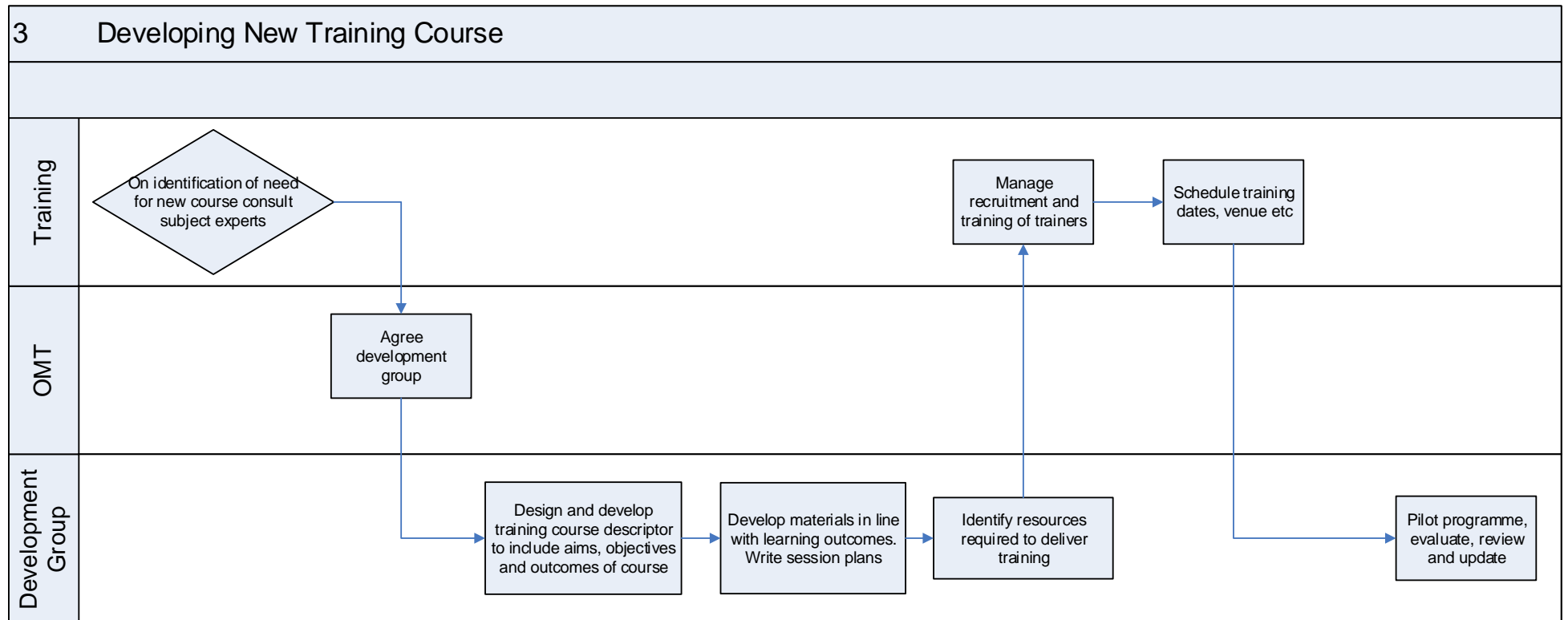


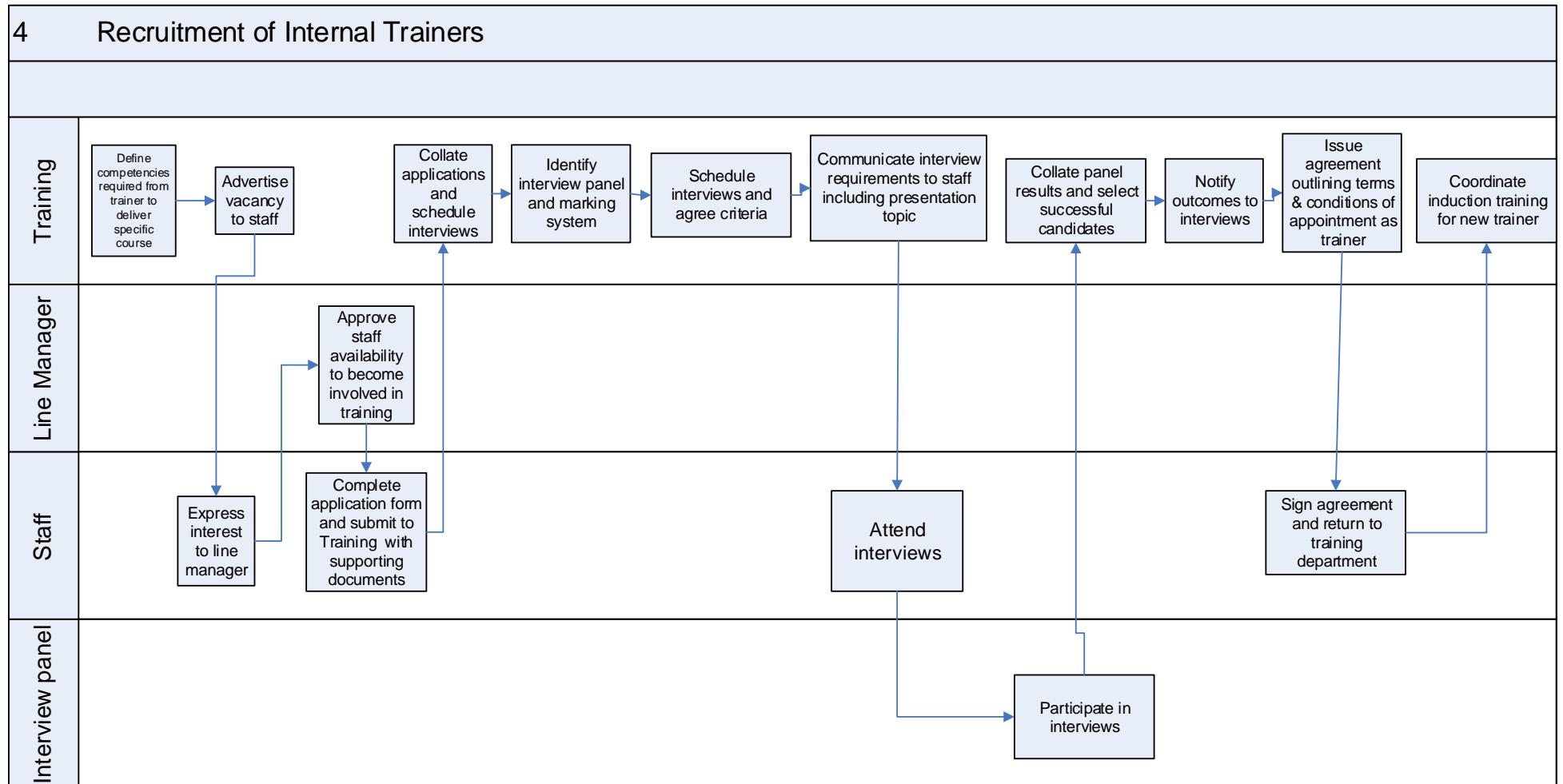
Section 3: Procedures

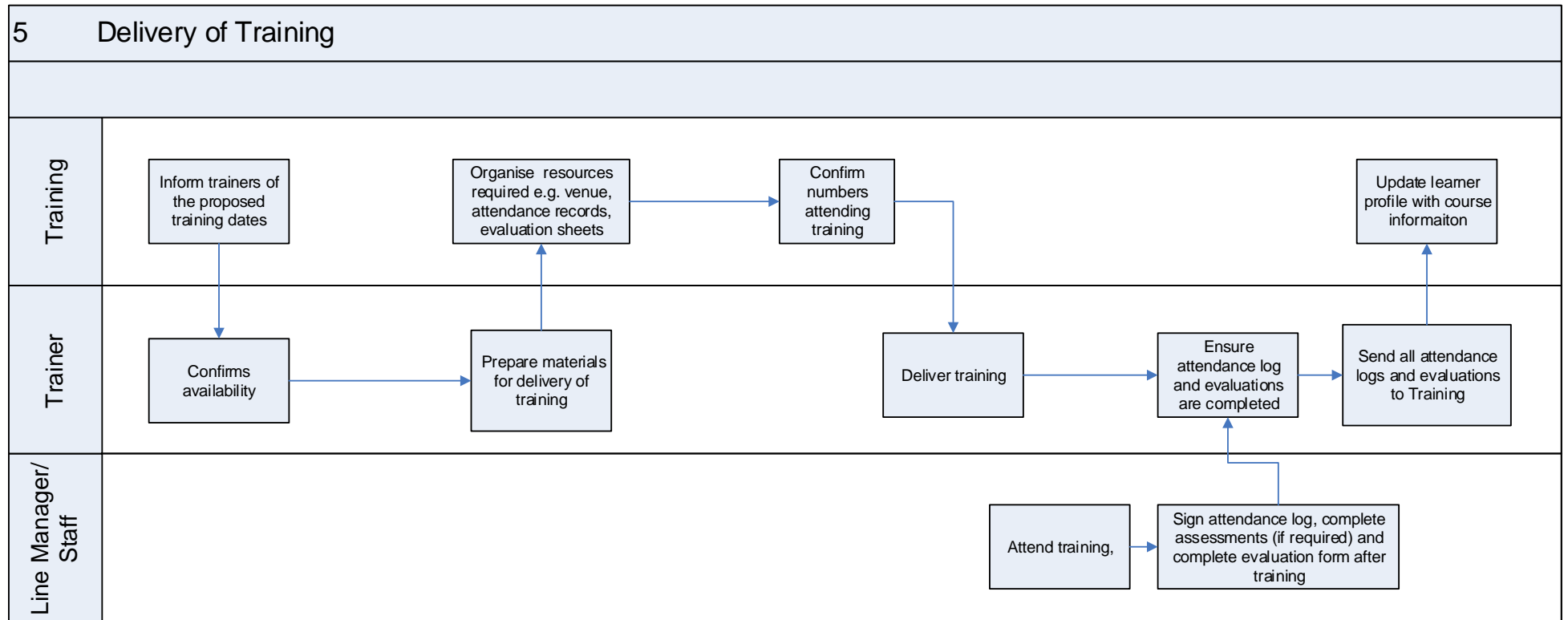


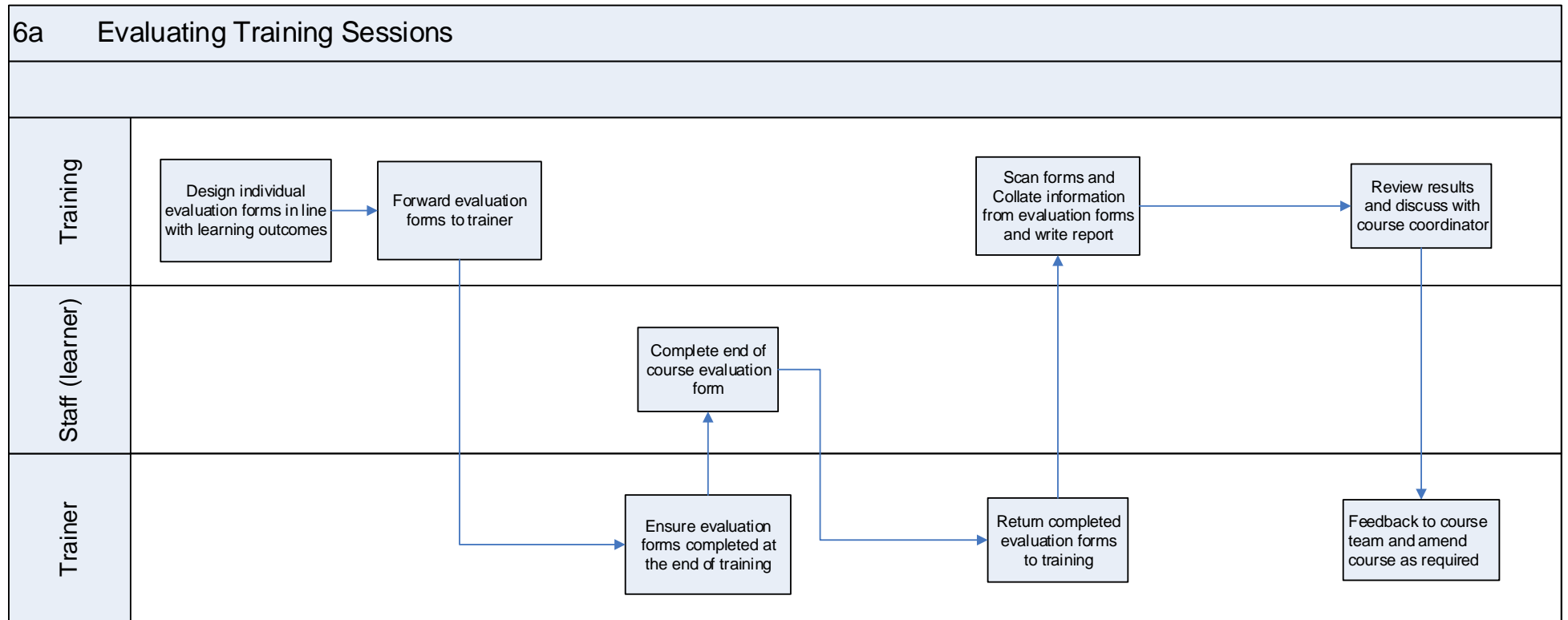


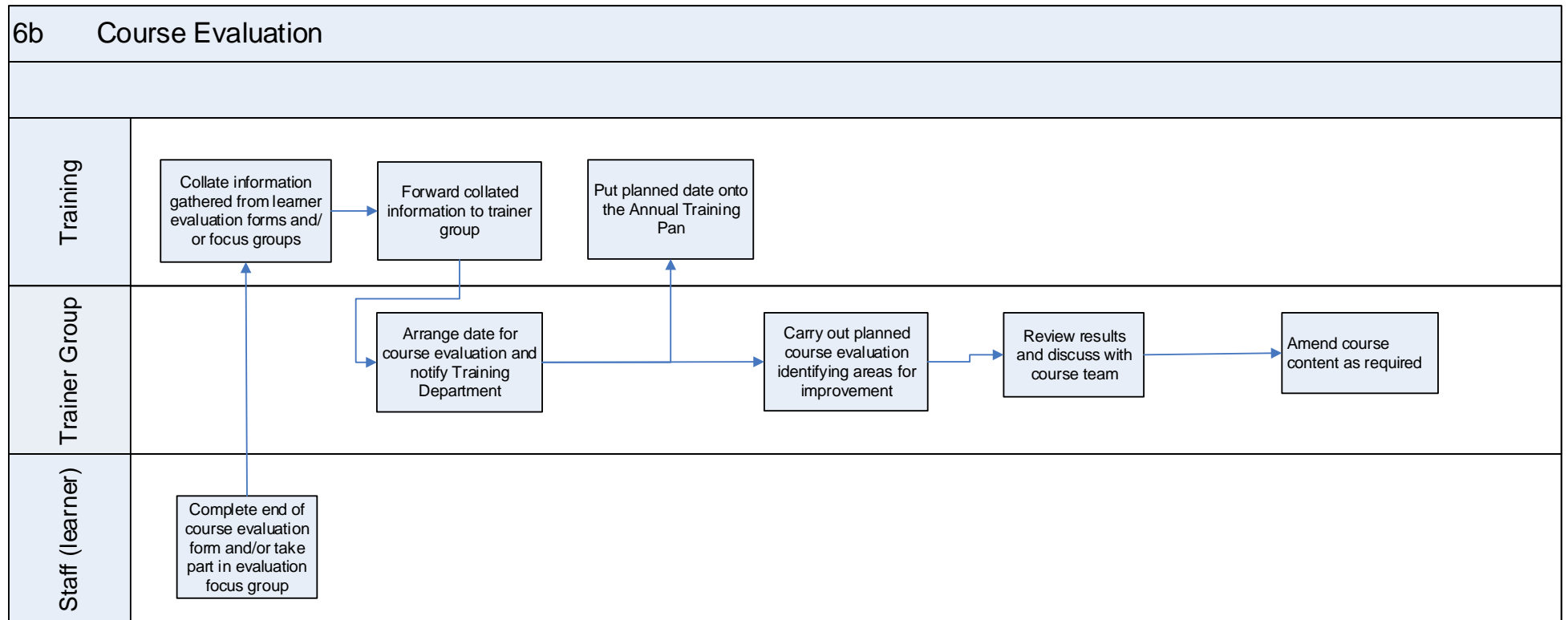


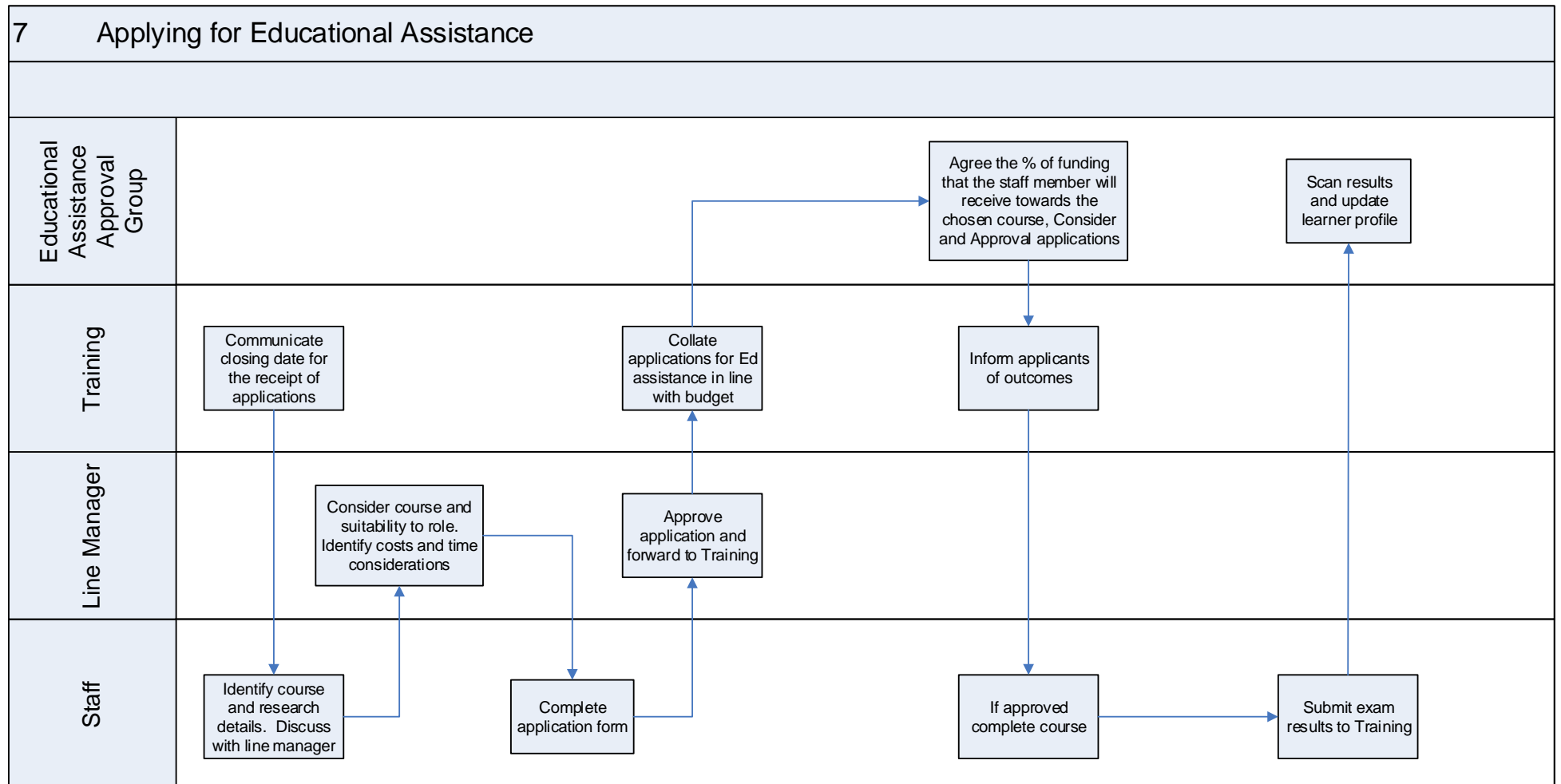


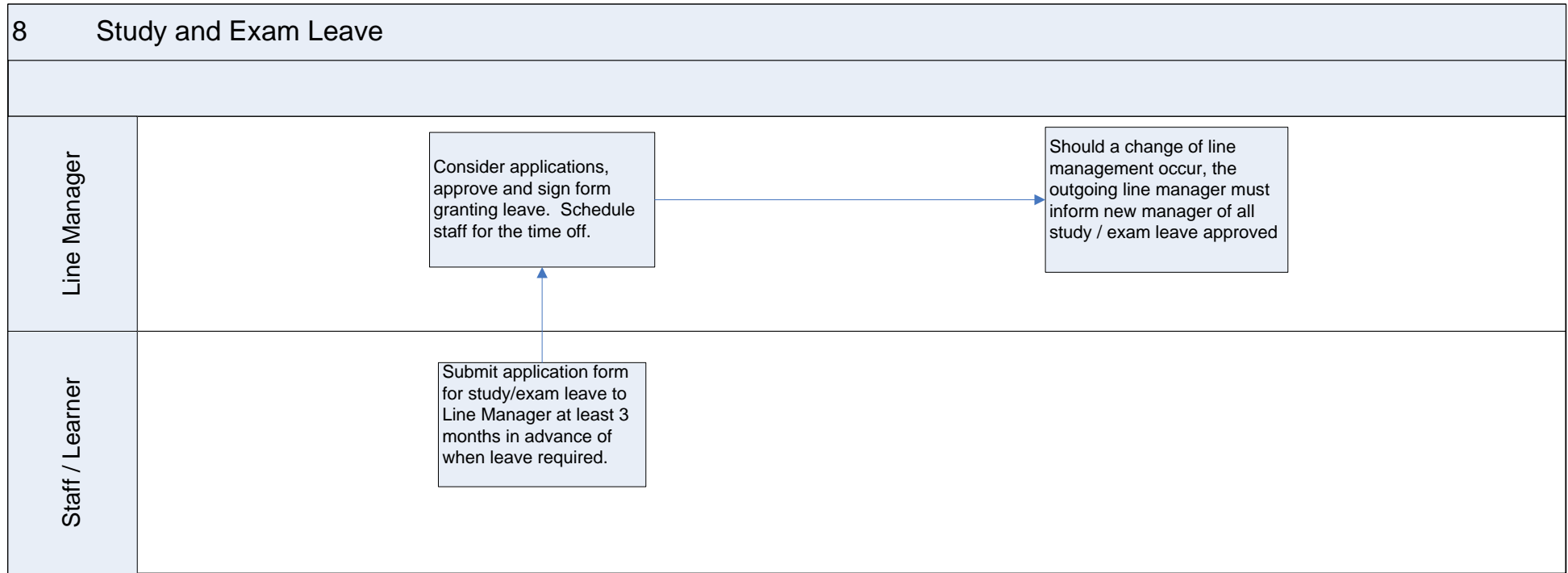












| SECTION A-TO BE COMPLETED BY APPLICANT | | | | | |
|--|--|---|-----------------------|---|------|
| Personal Details | | | | | |
| Surname | | First name | | | |
| Staff Number | | Work location | | | |
| Email Address | | Contact Number | | | |
| Job Title | | Line Manager | | | |
| Course details | | | | | |
| Course Title | | | | | |
| Accredited by/Awarding Body (if applicable) | | | | | |
| Venue | | Organising Body | | | |
| Course Duration | | Start date | | End date | |
| Course Cost | | Have you Researched this course (Please tick relevant) | No | Yes <i>(information attached)</i> | |
| Course relevance-please complete the following section in detail | | | | | |
| How will this course support you in your work? | | | | | |
| How will KARE benefit from you attending this training course/conference? | | | | | |
| SECTION B-TO BE COMPLETED BY LINE MANAGER | | | | | |
| Name | | | Contact number | | |
| How will this course/conference benefit the Staff Member and KARE? | | | | | |
| How will the staff member share the knowledge and/or learning achieved with other staff members (if applicable)? | | | | | |
| Applicant Signature | | | | Date | |
| Line Manager | | Approved? | Yes | No | Date |
| Area Manager | | Approved? | Yes | No | Date |

| SECTION C OFFICE USE ONLY | | | |
|--|---------------------|------------------|--|
| Funding Approved by KARE | % | € | |
| Notes: | | | |
| Please state the reason for the application not being approved: | | | |
| Signed (HR Manager) | | Date | |
| Signed (Training Officer) | | Date | |
| Final Status of Application | | | |
| Approved | Not approved | Withdrawn | |

Appendix 2

Application for Education Assistance

| SECTION A-TO BE COMPLETED BY APPLICANT | | | | | |
|--|------------------|-------------------------------------|---------------------------------|----------------------|-------------|
| Personal Details | | | | | |
| Surname | | First name | | | |
| Staff Number | | Work location | | | |
| Email Address | | Contact Number | | | |
| Job Title | | Line Manager | | | |
| Course details | | | | | |
| Course Title | | | | | |
| Desired Qualification | | Accredited by/Awarding body | | | |
| Venue | | Organising Body | | | |
| Course Duration | | Start Date | | End Date | |
| Course Cost | | Closing date for application | | | |
| Study method | Part time | | Distance learning | Evening class | |
| Have you researched this course? | No | | Yes-information attached | | |
| Course relevance-please complete the following section in detail | | | | | |
| How will this course support you in your work? | | | | | |
| How will KARE benefit from you gaining this qualification? | | | | | |
| Why did you choose this method of study? | | | | | |
| What are your expectations following the completion of this course? | | | | | |
| SECTION B-TO BE COMPLETED BY LINE MANAGER | | | | | |
| Name | | Contact number | | | |
| How will this course/conference benefit the Staff Member and KARE? | | | | | |
| How will the staff member share the knowledge and/or learning achieved with other staff members (if applicable)? | | | | | |
| Agreement: <i>By signing this form I confirm that I understand and agree to the conditions outlined in the Staff Training and Development Policy regarding funding for this course</i> | | | | | |
| Applicant Signature | | | Date | | |
| Line Manager | | Approved? | Yes | No | Date |
| Area Manager | | Approved? | Yes | No | Date |

| SECTION C OFFICE USE ONLY | | | |
|--|---------------------|------------------|--|
| Funding Approved by KARE | % | € | |
| Notes: | | | |
| Please state the reason for the application not being approved: | | | |
| Signed (HR Manager) | | Date | |
| Signed (Training Officer) | | Date | |
| Final Status of Application | | | |
| Approved | Not approved | Withdrawn | |

Appendix 3

APPLICATION FOR STUDY/EXAM LEAVE

| | | |
|---|--------------------|-----------|
| Personal Details | | |
| Name | Contact Number | |
| Unit | Job title | |
| Line Manager Name and Contact details | | |
| Leave requested | | |
| Type of leave requested: | | |
| Number of days | For study | For exams |
| Dates of exams | | |
| Title of course | | |
| Relevance of course to role in organisation | | |
| Line Manager Authorisation | | |
| I can confirm that the necessary staff cover has been created to allow this applicant to take time for study/ exam leave. | | |
| Line Manager signature | Date | |
| Student signature | Date | |
| Decision | | |
| Leave Approved | Leave not approved | |