

Section A: Personal Details

Name:	6W [e7IS_ S	Position:	E d3æzB~ 5	Job Level:	&
Department	B~ 5	Supervisor:	=ScWA^VWV	Date:	S" Z +Z" S&

Section B: Training opportunity applying for:

Title of Learning Program: ...5W[XW...E6BMU_ S SYW.....

Venue: ;` fW Sfa` S^CgS[XLSfa` e@W ad/;C@f.....Duration: From...June..... To...October

Total fee payable (if any): ...119 euros(KES 17200)..... Amount applied for.....KES 17,200.....

What are the objectives of the training? State both personal and professional objectives.

Gain Insights into effectively developing and implementing corporate strategies, update my professional knowledge on applied strategic management

How will your department benefit from this training?

.....Will be able to provide strategic leadership , insights and approaches on departmental mandate

Have you been sponsored /funded by Evidence Action before for any staff training? Yes ☐ No ☒

If yes, give the following details: Type of the course, duration, cost etc.

.....N/A

Did you complete the course/training program?

Yes ☐ No ☐

(If yes, attach result slip /transcript /report if applicable) If not, why?

.....N/A.....

** Please attach an admission letter, fee structure or sponsorship letter and any other supportive documents.

Section C: Line Manager/ Head of Department's comments/approval

☐

Recommended

☐

Not recommended

Please give reasons for your recommendations/ otherwise.

Was the need for training identified in the Performance Appraisal? (If yes, please confirm on Small Improvement)

Yes ☐ No ☐ Comments:

Please provide budget charging details:

Amount approved Supervisor's Name:.....

Signature: Date:

Section D: People and Culture Department's Comments☐

Recommended

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Not recommended

Amount approved.....Name:

Signature: Date:

Section E: Regional/ Country Director's Comments☐

Recommended

☐

Not recommended

Amount approved..... Name:

Signature: Date:

Training Bond

- i. Evidence Action views professional development and training as an investment in the individual staff member's career advancement, and as an activity of mutual benefit to both the organization and the employee. By this arrangement, there is a mutually acknowledged agreement between Evidence Action and the employee that the employee will continue working for Evidence Action after the training opportunity, and that if the employee leaves before the end of one year, he/she will reimburse to Evidence Action all or part of the costs of the training as specified below.
- ii. This bond will be applied to employees who leave Evidence Action of their own will. It does not apply to employees whose contract is not renewed or terminated.
- iii. The bond will only apply to self-requested learning programs; and not any program that is required as mandatory by the organization.
- iv. The amount of the training bond will include any workshop fees, travel costs, per diems, and other associated expenses paid by Evidence Action to facilitate an employee's attendance at a training event.
- v. By completing, signing and submitting a training application form, an employee will be deemed to have accepted the terms of the training bond in the learning and development policy.
- vi. The calculation of the repayment terms of the training bond will be as follows:-

Duration	% to be recovered	Duration	% to be recovered	Duration	% to be recovered
In 1 month	100%	In 5 months	67%	In 9 months	33%
In 2 months	92%	In 6 months	58%	In 10 months	25%
In 3 months	83%	In 7 months	50%	In 11 months	17%
In 4 months	75%	In 8 months	42%	In 12 months	8%

I..... agree to the provisions of the Learning and Development policy and training bond in regard to Evidence Action's sponsorship to capacity building program.

Signed..... Date.....