**[PRACTICE HEADED PAPER]**

**PRIVATE & CONFIDENTIAL**

[Employee Name]

[Employee Address]

[Insert Date]

**PROFESSIONAL STUDY AGREEMENT LETTER**

**[Insert Course Title]**

Dear [Employee Name],

I write further to your request to apply to attend the above course from [Insert Date] to [Insert Date] (inclusive). I am pleased to confirm that our Practice is agreeable to your participation on this course on the terms and subject to the conditions of this Professional Study Agreement Letter:

1. **Fees**

Subject to our Practice Conditions in paragraph 2 below, our Practice shall pay course fees in the amount of [€insert amount] directly to [insert organisation] at the relevant time(s). Our Practice shall also pay agreed related examination fees for the above course.

1. **Our Practice Conditions**

* If you leave your employment with our Practice before completing the above course then you will be required to repay all costs incurred by our Practice relating to the above course;
* If you do not complete the above course or fail to attend at least 90% of classes (for reasons other than attributable to any decision(s) by our Practice) then you will be required to repay all costs incurred by our Practice relating to the course;
* If you leave our Practice within the below time periods after course completion then you shall be required to reimburse our Practice as follows:
  + 12 months — reimbursement of 100% of all costs incurred;
  + 24 months — reimbursement of 50% of all costs incurred;
  + 36 months — reimbursement of 25% of all costs incurred; and
  + Over 36 months — nil
* You are responsible for any travelling expenses incurred in connection with this course.
* In the event of your failing an examination, examination re-sit costs will not be reimbursed by our Practice.
* The course will be undertaken [on your own time or [insert details of other agreed arrangements]]. Where necessary and appropriate, our Practice will facilitate changes in your current working days [including unpaid leave days] where reasonably possible and subject to provision of reasonable advance notice but this shall be always subject to the ongoing requirements of our Practice from time to time.
* You acknowledge and agree that our Practice may, at our sole discretion, deduct any amounts owing by you to our Practice pursuant to this Professional Study Agreement Letter from:
* ongoing salary payments to you where you have failed to complete the course and you continue to be employed by our Practice; or
* any final salary payments owing to you where your employment with our Practice is ending for whatever reason;

and you agree to make such other balance payment(s), if any, to our Practice without undue delay.

We wish you the very best with your study.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Insert Partner Name]**

Partner

***By signing this Professional Study Agreement Letter, I hereby accept and agree to the abovementioned terms and conditions:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Insert Employee Name]**