

# Staff Training and Development Policy

Revised in 2023

#### **Section I:** Policy

### 1.1 **Background to this Policy**

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

#### 1.2 Aim of this Policy

To provide a framework for training and development that ensures staff have the necessary competencies to deliver on WSF's strategic and operational plans.

### 1.3 **Scope of this Policy**

This policy relates to the Training and Development of all WSF staff.

#### 1.4 **Policy Statements**

- There will be equality of opportunity for all WSF staff to develop their knowledge, skills, and abilities 1.4.1 through a blend of learning methods including mentoring, coaching, on-the-job learning, courses, conferences and seminars.
- The training needs of staff will be identified through Performance Management and Operational Planning 1.4.2 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 Senior Management Team (SMT) and communicated to all staff.
- 1.4.4 WSF will facilitate externally accredited training and development opportunities for staff subject to the availability of funding.
- 1.4.5 All training, i.e. courses, workshops, seminars, and conferences will be co-ordinated through the Training Department.
- All training will be evaluated to inform changes and improvements in training provision. 1.4.6
- 1.4.7 The line manger will agree with staff member, how knowledge/skills learned will be shared to inform team/organisational learning.
- 1.4.8 The line manager will facilitate the staff member to transfer the knowledge/skills learned in training to the workplace.
- 1.4.9 Staff participating in training will satisfy all attendance, assessment and evaluation requirements within the required timeframes.
- 1.4.10 WSF will develop internal trainer capacity to facilitate the delivery of training programs in line with organizational needs and to provide development opportunities for staff.
- Staff can apply to WSF for funding to undertake further education outside of normal working hours through the Education Assistance Programme. The % of funding approved may vary from year to year depending on the budget available and individual applications.
- 1.4.12 Where staff are undertaking further education outside of normal working hours they can apply for study/exam leave.
- Staff will consult with their line manager on planning any pieces of work, course assignments, or 1.4.13 dissertations to ensure that the outcomes support continuous improvement for WSF. Findings from research carried out by staff as part of WSF-funded programs should be made available to the organization.

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- 1.4.14 Where a member of staff has received Educational Assistance or course funding from WSF and they cannot produce an official statement of results for exams completed and passed, funding will be discontinued for the following year. The member of staff may also be requested to refund all monies paid on their behalf to WSF.
- 1.4.15 Once a staff member has received Educational Assistance should they then;
  - a) Discontinue employment with WSF during the year of funding
  - b) Discontinue their studies in that particular course or
  - c) Fail to pass required exams or assessments

Then he/she will be asked to repay the total costs of the funding for the year in question to WSF.

- 1.4.16 Applications for study or exam leave will be considered from all staff undertaking courses, not just those being funded by WSF. It will be based on the relevance of the course to their role in WSF and must have prior written approval of the Line Manager.
- 1.4.17 Study and exam leave must be taken within the academic year (not the calendar year) of the course. No leave will be backdated.
- 1.4.18 Study Leave Entitlements for Staff:

Certificate course. I day per academic year

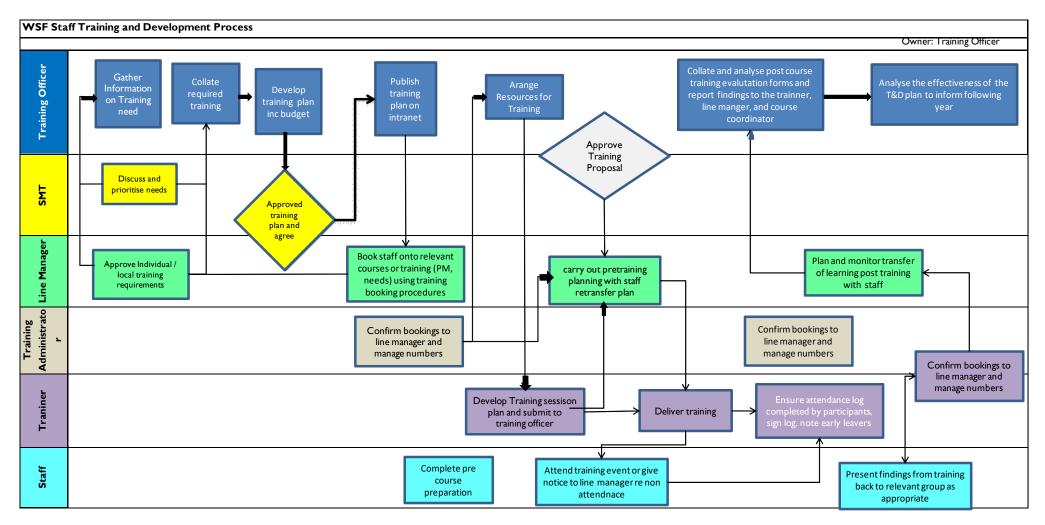
Ordinary Degree. 3 days per academic year

Honours Degree, Masters, etc. 5 days per academic year

1.4.19 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



### **Process Measures:**

% variance expenditure versus budget re training

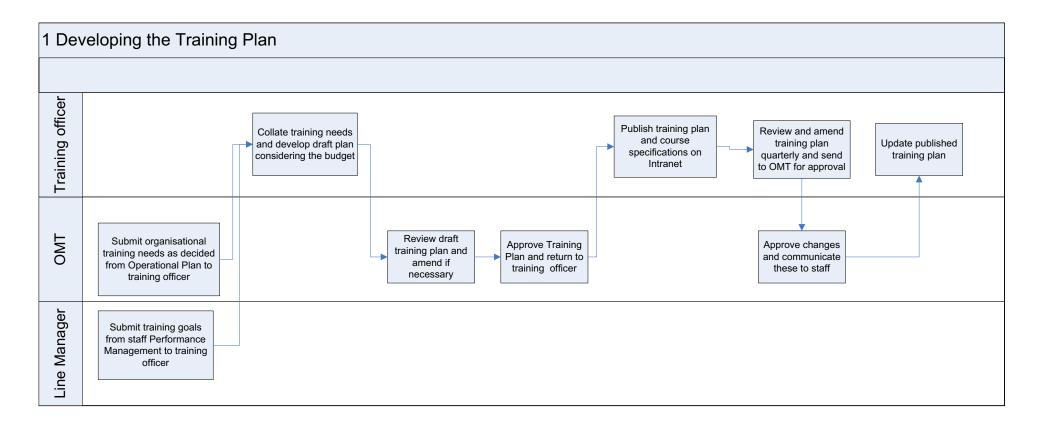
% training spent versus payroll

% training completed versus training planned

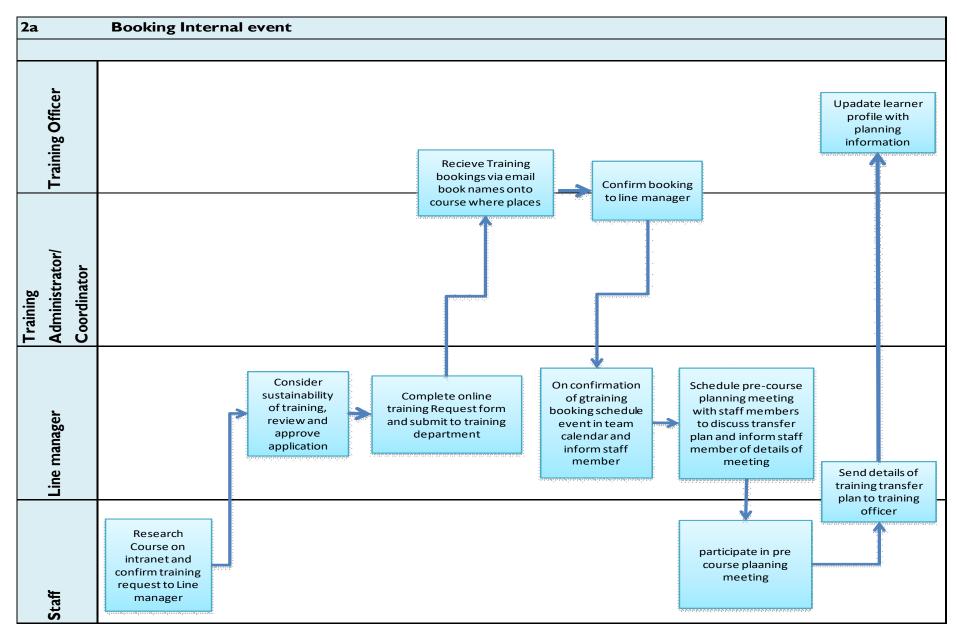
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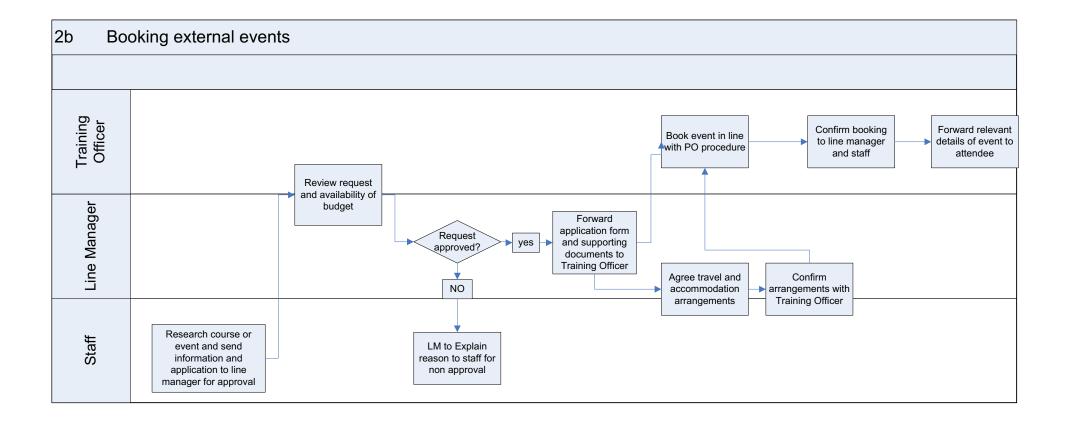
## Section 3: Procedures



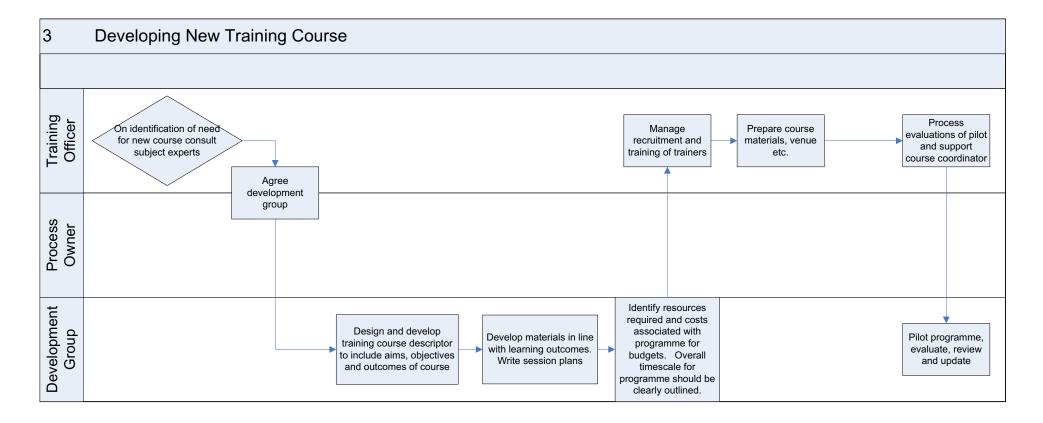
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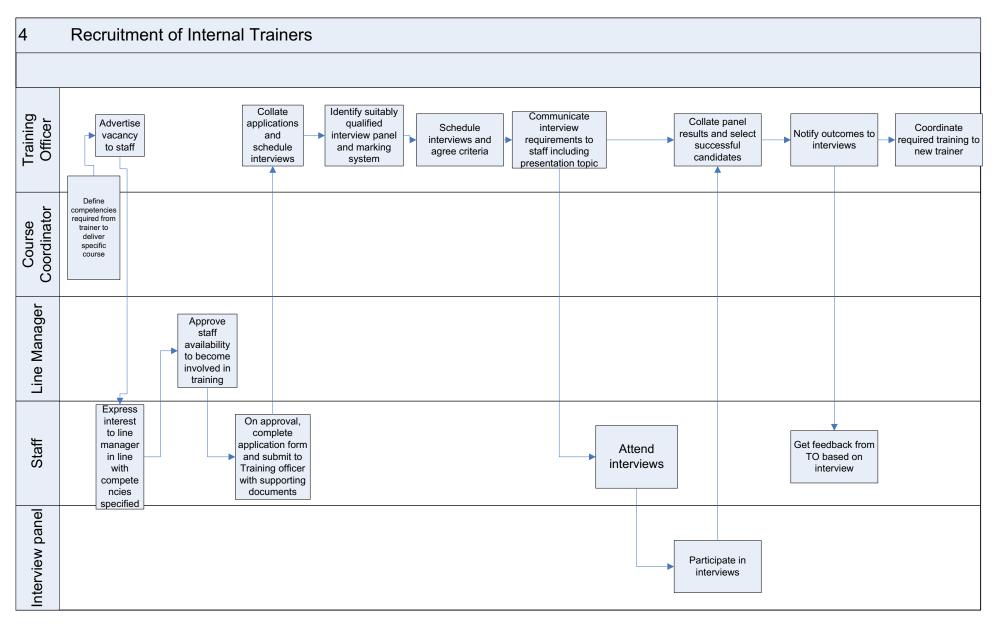


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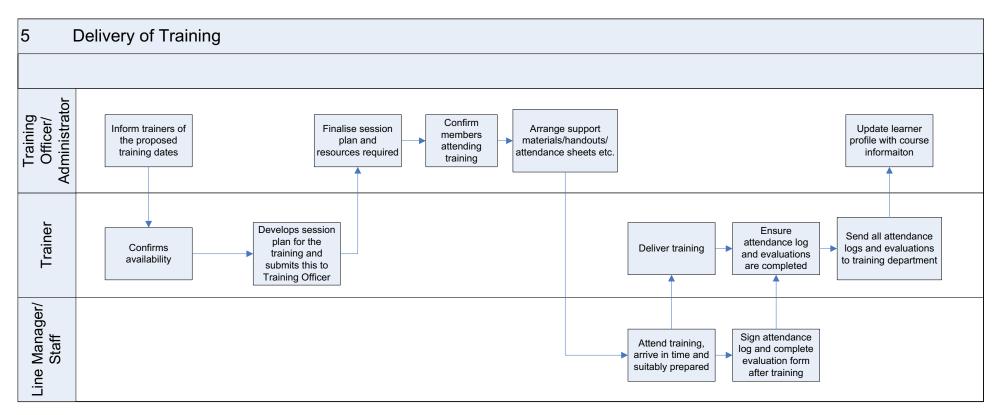


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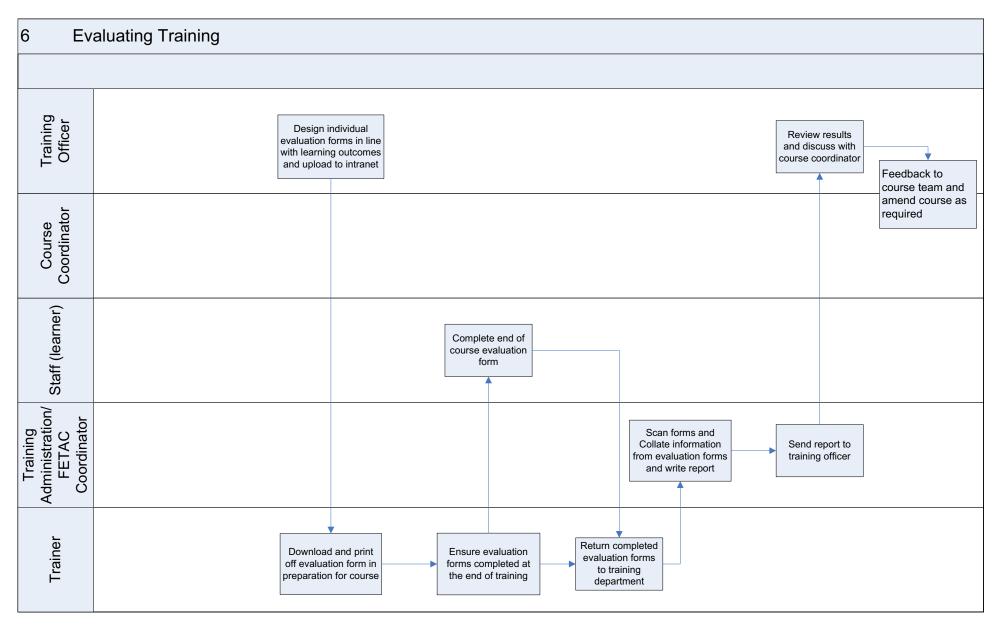
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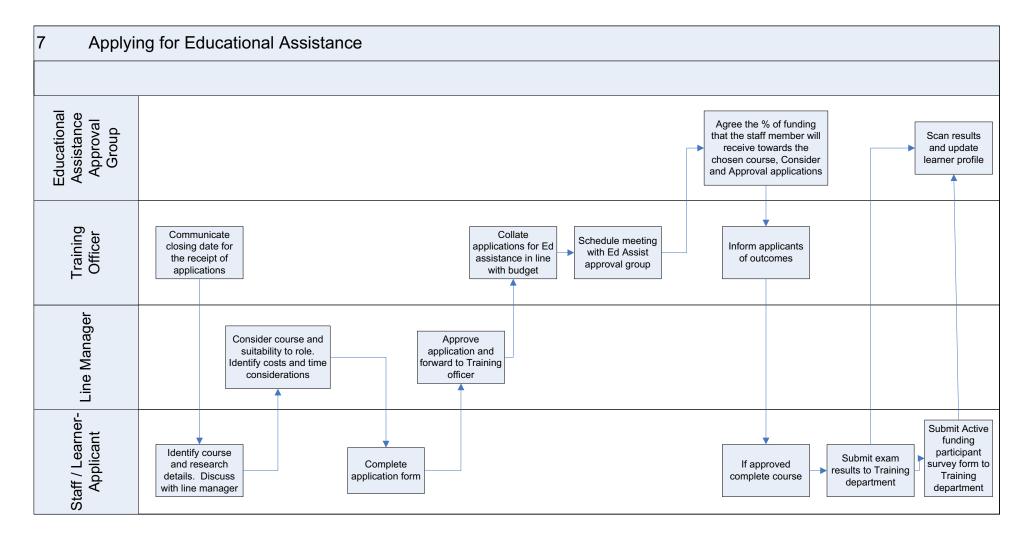


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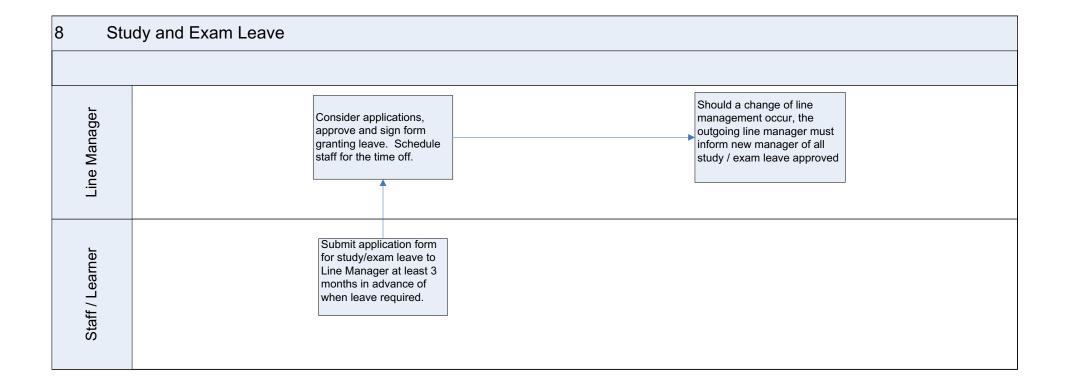


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## APPENDIX I

## TRAINING REQUEST FORM – Training Plan

	TRAINING REQUEST REPORT			
Applicant's General details				
Applicant Name :				
Job title:				
Location:				
Mobile number:				
Email address:				
	Requested course details			
Name of course/s	Date of course you are intending to attend			
	Rationale			
Have you completed a perfo	rmance management meeting?			
riave you completed a perio	manee management meeting.			
Yes No				
	ant wants to complete this training			
	ant wants to complete this training			
	rant wants to complete this training			
	ant wants to complete this training			
	rant wants to complete this training			
Please explain why the application of the interest of the inte	formation about this/these course/s			
Please explain why the application which is the applicant read the in Yes No	formation about this/these course/s			
Please explain why the application which is the applicant read the in Yes No	formation about this/these course/s training request has been considered and is in line with a performance			
Please explain why the application which is the applicant read the in Yes No	formation about this/these course/s			
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Staff Training and Development WSF Policy:

### Appendix 2 Application form to become trainer in WSF

SECTION A-TO BE COMPLETED BY A	PPLICANT		
Personal Details			
Surname	First name		
Contact Number	Work location		
Job Title	Manager		
Pease complete the following section in d			
Have you read the Educational & professional		es l	Vo
become a WSF trainer?			
Please give details on how you meet the r	necessary competencies under	each of the f	ollowing
sections:			
I. General Education			
2. Technical Education and Training			
3. Technical competence			
4. Pedagogical Competence			
5. Social Skills			
5. Social Skills			
6. Work Experience			
0. WOR Experience			
Why do you want to become involved in training	ng in WSF?		
The second inversed in draining			
Applicant Signature:	Date		
SECTION B-TO BE COMPLETED BY LI	NE MANAGER		
Name	Contact number		
	2 233333 33333 3		
Are you satisfied that this the above named m	neets the requirements outlined by	No	Yes
WSF to become a trainer?	and to a sequilibrium outside by		
Do you support this person in their application	to become a trainer?	No	Yes
	Date		

This Form is subject to approval Please complete this form and return it to relevant line manager

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## Appendix 3

## Application for External Course/Conference/Education Assistance

SECTION A-TO BE COMPLETED BY A	PPLICANI					
Personal Details	T =.					
Surname	First r					
taff Number		location				
Region	Conta	ct Numb	er			
Home Address						
Job Title	Manag	er				
Course details						
Course Title						
Desired Qualification	Accredited	y/Award	ing body			
Venue	Organising I	Body				
Course Duration	Start date		i	End date		
Course Cost	Per Year		I	n total		
Closing date for application						
Study method	Part time	Distan	ice	Evening cl	ass	
,		learnir	าฮ			
Have you researched this course?	No			es-informat	ion attached	
Please rate your level of knowledge on this	0%	25%	ı.	50%	100%	
subject matter						
Course relevance-please complete the fo	ollowing sec	ion in d	etail			
How does this course meet your profe						
		•				
2. How will KARE benefit from you gaining	ng this qualific	ation?				
2. Trow will to the benefit from you gains	ng ans quann	acioii.				
3. Why did you choose this method of st	udv?					
5. Willy did you choose this method of st	udy:					
4. What are your expectations following	the completion	on of this	course?			
1. What are your expectations following the completion of this course.						
SECTION B-TO BE COMPLETED BY L	INF MANA	GER				
Name	1 -	ct numbe	or			
5. How will this course/conference benef			<u>-1</u>			
5. How will this course/conference belief	iit tile sei vice	user:				
4 Are you satisfied that this course will	bring added	value to	the area	and toom or	ad the applicant	
6. Are you satisfied that this course will	-				id the applicant	
will share new information from this co	ourse to impi	ove over	ali service	e provision:		
7 11 1	1.6 .1	1		.1		
7. Have replacement staff been organise	ed for the a	opiicant t	o attend	this No	Yes	
course?						
Agreement:						
I have read and understand the terms and cor				•	_	
the contractual arrangements outlined in the p	•				•	
I have agreed to submit attendance and eval	uation forms	to the t	raining o	tticer on co	mpletion of the	
course.						
Applicant Signature	Date		T			
Line Manager	Approved?	Yes	No	Date		
Area Manager	Approved	Yes	No	Date		

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<b>SECTION C-TO BE COMPLET</b>	TED BY APPLICA	ANT		
Cost of course	Per year UGx		Total UGx	
Name and Address of College:				
Funding applied for by applicant	%		UGx	
Number of study days sought		Number of exa	am days sought	
<b>SECTION D-TO BE COMPLET</b>	TED BY TRAINII	NG OFFICER	₹ .	
Training Application Reference Nun	nber			
Funding Approved by WSF		%	Ugx	
Name of establishment	Name of establishment			
Number of Study days approved				
Notes:				
Please state the reason for the	application not t	eing approve	<b>∍a</b> :	
Signed (Area Manager)		Date		
Signed (HR Manager)		Date		
Final Status of Application		•		
Approved	Not approved		Withdrawn	

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## Appendix 4 APPLICATION FOR STUDY/EXAM LEAVE

Personal Details				
Name	Con	Contact Number		
Unit	Job t	itle		
Line Manager Name and Contac	ct 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 o	organisation			
Line Manager Authorisation	า			
I can confirm that the necessary for study/ exam leave.	staff cover has	been created to a	llow this applicant to take time	
Line Manager signature		Date		
Student signature		Date		
Decision				
Leave Approved		Leave not appro	oved	

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Appendix 5 Evaluation For	m (gener	ric)				
Course Module	Tutors					
Date	Where	did traii	ning tak	e place	2?	
Please tick appropriate response below based on you provide comments to support your choices	r learning	experie	nce thro	ougho	ut the cours	e and
<u>Facility</u>	Not god	od	Fair		Good	Excellent
Heat						
Light						
Sound						
Parking						
Space/room to facilitate learning						
Location						
Comments:	-1	'				
How do you feel that the tutors managed the deliver	ry of the o	course	?			
Comment – please circle the appropriate response						
I. Timing/pace of sessions (too quick/slow?)			good	Fair	Good	Excellent
2. Presentation skills, voice projection			good	Fair	Good	Excellent
3. Interaction with your group and keeping you interested			good	Fair	Good	Excellent
4. Giving breaks			good	Fair Fair	Good Good	Excellent Excellent
<ul><li>5. Answering questions you had before leaving the session</li><li>6. Putting learners at ease</li></ul>			good good	Fair	Good	Excellent
<ul><li>7. Giving good examples to support the course information</li></ul>	n		good	Fair	Good	Excellent
8. Using group work and discussions	'		good	Fair	Good	Excellent
o. Osing group work and discussions		1400	8000	1 411	3000	Executivity
Was there anything about the delivery of your cours better?	e you felt	could	have b	een	Yes	No
Suggestions						

Course material and supports Please circle the appropriate response and provide comments to sup	port your ch	oices		
Handouts	[			
Layout and presentation of information on the handouts	Not good	Fair	Good	Excellent
2. Clarity and ease of reading	Not good	Fair	Good	Excellent
Slides and overheads				
Tutors use of slides/overheads to support their presentation	Not good	Fair	Good	Excellent
Caraical assuring Outsans				
Specific Learning Outcomes	- 4i b		Yes	No
Based on your training please tick the box to indicate if the your	e training na	s aevelopea	res	No
Your				
Here the individual learning objectives of each course are	listed to ens	ure they wer	e met dı	ıring
training.				
Diagram and a sum of the sum of t				
Please support your statements with comments:				
Please outline the main learning outcomes you achieved in this train	ning:			
	J			
Based on what you have learned, do you think that this train Yes/No	ning has bee	n worthwhile	∍?	
Please give details:				
Ticase give decails.				

	 <u>'</u>	
Appendix 6	Active Funding Participant Survey Form	

Please answer ALL questions

Name	Contact Phone Number
Contact Email	Where do you work in WSF?
What course are you receiving KARE funding for?	
When did you start?	
Where is your course based?	
How many study leave days did yo	ou take in (insert year) semester?
How many exam leave days did y	ou take in (insert year) semester?
How many exams did you have?	
Did you pass all your exams?	
Are you enjoying the course?	
Have you developed new skills?	how you do your ich? If you places overlain how
Do these new skills help improve	how you do your job? If yes, please explain how-
What challenges did the course p	resent in the (insert year) semester?
Do you feel you get enough suppo	ort from WSF while participating on this course?
Further comments	

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