NTW_FT_col_A

**Appendix 5**

**Bonding Agreement**

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| --- |
| **Bonding Agreement** |

B

I can confirm that I am aware of the trust study leave policy and conditions relating to provision of authorised paid leave to accommodate day / block realise. I am aware that I should leave the trust or withdraw from any course for reasons not related to health or academic achievement , then I will be required to repay equivalent of my pro rota salary should I leave or have my employment terminated within two years. My signature on this document is my consent for the appropriate deductions to be made as follows.

Staff leaving within 12 months - 50%

18 Months - 30%

19–24 months - 25%

**Applicant name (please print)**

**Signature:**

**Date:**

**Head of Training**

Signature:

Name:

Date:

A

I can confirm that I am aware of the Trust study leave policy and conditions relating to receipt of funding for courses leading to a formal qualification. I am aware that should I leave the Trust, or withdraw from the course for reasons not related to health, or academic achievement, then I will be required to pay the funding provided and my signature on this document is my consent for the appropriate deductions to be made as follows:

Staff leaving within 12 months Full amount

12 – 18 months 50%

18 – 24 months 25%

N.B. Any outstanding money due will be deducted from the employees last salary unless other arrangements are made to repay through the finance department.