

SISTAD Application Form:
EXTERNAL COURSES
 Not to be used for Higher Education Applications

STUDY OPPORTUNITIES FOR
 LEARNING AND DEVELOPMENT



Please complete electronically or write clearly using black pen

Title/Rank

First Name

Last Name

Email Address

Phone Number

Corps/Centre/
 Department

Division/
 Region/Service

Post held

Course

Course web link

Provider

Venue

Anticipated total study hours per week

Start date

Nature of attendance
 (days/week & frequency)

Deadline for registration
 with provider

Course Expenditure Actual/Estimated

Permissible claims (as per Learning & Development policy CS04). VAT must be included where required.

	Year 1	Year 2	Year 3	Year 4	Total
Course costs					
Registration fees					
Books					
Examination charges					
Residential element					
Travel (for information only)					
Total (including VAT)					

*Please delete as applicable:

Have you sought funding elsewhere?

Yes / No*

If Yes, please give details:

Date you discussed this application with your RLDO

If appropriate, has the relevant examining board approved your admission? Yes / No*

Do you possess the prescribed entry qualifications or their equivalent? Yes / No / Not applicable*

If Yes, please provide details:

Please State:

What qualifications / training have you completed in the past two years, or more?

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Are you currently undergoing any training or study?

How does this learning specifically relate to your job description, brief of appointment or development plan?

Conditions for funding and learning

Please read and sign below to confirm you have understood these conditions.

- Should you book a place on a course but then fail to attend or complete the course, repayment of the cost of the course will be charged to the department/appointment concerned (recoverable from the individual). Exceptions are outlined in the Learning & Development policy CS04.
- Where funding approved for external courses is more than £500, you will be required to sign a commitment form. If you leave within the agreed time of commitment, repayment will be sought from your allowance or salary.

Signed _____ Print Name _____ Date _____

Recommendations: Why are you supporting this individual for this course?

Corps Officer/Centre Manager/Line Manager – please comment, sign and pass to **Divisional Leader/Head of Department/Regional Manager**

Signed _____ Print Name _____ Date _____

Job title _____

Head of Department/Divisional Leader/Regional Manager (if required) - please comment and sign

Signed _____ Print Name _____ Date _____

Job title _____

Department/Corps/Centre Stamp	THQ/DHQ/OPS/Homelessness Services Stamp	For SISTAD use only
Forward to DHQ/THQ Dept Head	Forward to SISTAD	

Looking after your data

The Salvation Army* will hold your personal information to process your application and award funding for learning. We may share this with relevant training bodies or providers and keep it for the duration of employment + 7 years for employees. Officers please read the privacy statement available on the Officer hub. You have a right to a copy of information we hold about you, and in some circumstances to have it amended or deleted and to withdraw consent.

For this and to raise any queries on how your information is handled please contact Head of Privacy and Data Protection at data.protection@salvationarmy.org.uk or the address below. If you are still not happy you may raise concerns with the Information Commissioner's Office.

For more information see our privacy policy on The Salvation Army Website or request a copy from 101 Newington Causeway, London, SE1 6BN.

*The Salvation Army Trustee Company acting on behalf of The Salvation Army Trust (Central Funds).

