

Wrexham County Borough Council Learning Agreement Statement of Wrexham County Borough Council

The development opportunity that you are about to embark on marks a commitment to the investment in you by the Council and its commitment to support continual professional development. The Council recognises that on completion, your professional value and subsequent opportunities will increase and as such it needs to secure the investment.

Statement of the employee

I confirm I have read and understand the conditions under which the Council provides financial assistance for training as detailed in Sections 5.5.1-8 of the Training, Learning & Development Policy (the Policy).

I agree that if the circumstances set out in Clause 1 occur I will be liable to repay some or all of the fees, expenses and other costs (the **Costs**) associated with such training courses in accordance with Clause 1 below.

1. Except in the circumstances set out in Clause 2, I shall repay the Council as follows:
 - (a) if I cease employment before I attend the training course but the Council has already incurred liability for the **Costs**, 100% of the **Costs** or such proportion of the **Costs** that the Council cannot recover from the course provider shall be repaid;
 - (b) if I cease employment during the training course or within 2 years of completing the training course, 100% of the **Costs** shall be repaid;
 - (c) if I am deemed by my Manager to be making no real attempt to complete the training course or qualification(s) as set out in Section 5.5.7 of the Policy, I will be required to repay all the **Costs**.

Thereafter, no **repayment** shall be required.

2. I shall not be required to repay any of the **Costs** under Clause 1 if:
 - (a) my employment is terminated by voluntary or compulsory redundancy, early voluntary retirement, or retirement on grounds of ill-health; or
 - (b) I terminate my employment in response to a fundamental breach by the Council.
3. I agree to the Council deducting the sums under Clause 1 from my final salary or any outstanding payments due to you.
4. I agree that if the Council waives my obligation to repay the **Costs** under Clause 1, I will be solely responsible for any income or other tax payable as a result of the waiver and I shall indemnify the Council on a continuing basis in relation to any such tax.

Employee Name: Olivia Legname Payroll No. 315812
Job Title: Substance misuse social worker

Home address: 42 Cardigan Rd, Bonnas, Wrexham
LL12 7TS

Qualification/Training Course: Consolidation of Social Work
Practice

Course/Qualification fees: £ N/A

Start date: Feb 2025 Target completion Date: Feb 2026

Actual completion date: 25.02.26

Employee's signature: O. legname Date: 12.03.25

Manager's name: Julie Williams

Manager's job title: Intern Team manager

Manager's signature: J Williams. Date: 12.03.25