**Mandatory Training Exemption Request Form.**

When completed this form needs to be submitted to the LEARN helpdesk

(via sft.mlehelpdesk@nhs .net)

This form will be shared with the appropriate Subject Matter Expert (SME) for consideration and individual and line manager will be informed of decision. Changes will be made to LEARN by Education Administration team.

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| **Name of Individual submitting form:** |
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| **Email address:** |  |
| **Role:** |  |
| **Department:** |  | **Division:** |  |
| **Line Manager name:** |  |
| **Line Manager email:** |  |

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| **Title of training that individual is requesting exemption from:** |
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| **Please explain reason why exemption is being requested?**Please provide as much detail as possible to enable a decision to be made. |
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| **A local risk assessment needs to be completed at a local level to assess the impact of this exemption on staff member, team, patients (if appropriate)****Please confirm this has taken place:** **YES / NO** |

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| **Is this a permanent or temporary exemption?**All exemptions should be reviewed at each annual appraisal or at a role change as a minimum regardless of whether this is being requested permanently/temporarily.  |
| Temporary(please strike through) | YES | NO | If Yes- how long is this being requested for: Planned review date: |
| Permanent | YES | NO | Month that next annual appraisal is due: |

It is the responsibility of the line manager to ensure that this exemption is monitored and reviewed.

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| **Role** | **Name** | **Signature** | **Date** |
| **Employee requesting Exemption** |  |  |  |
| **Line Manger- confirming agreement to employees request** |  |  |  |

**For completion by Education Administrators and Subject Matter Experts only**

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| **Subject Matter Expert (name and email address)** |  |
| **Confirmation of decision****(Please strikethrough)** | Approve exemption request | Decline exemption request |
| **Comments for clarification or any additional information/requirements required** |  |
| **Signature of SME** |  |
| **Date of decision** |  |

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| **Education Admin Team confirmation of changes made to LEARN** |
| **Signature of Administrator** |  |
| **Date of Change** |  |