**Learning Allowance Request Form**

This form must be complete and submitted with:

* a complete and signed learning plan
* relevant documentation concerning the learning event
* quotes, invoices and receipts for the learning event

These documents must be scanned into one PDF file and uploaded to VMAM.

Go to [vmam.unv.org](https://vmam.unv.org/) and go to your MyPage.

Complete the task ‘Request learning allowance’ and upload the file from your device

Incomplete applications will not be accepted.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part I – To be completed by the applicant-** | | | | | | | |
| Name of Volunteer: | | Contract start date: | | | | | | |
| Roster number: | | Current contract end date: | | | | | | |
| Title of Learning Event: | | | | | | | |
| Objectives of the learning event: | | | | | | | |
| How does this learning activity fit in with your overall learning objectives as described in your learning plan[[1]](#footnote-1)? | | | | | | | |
| Is this learning activity included in your learning plan? | | Yes | | No | | | |
| Type of learning activity[[2]](#footnote-2): | Online training | | | | | | |
| Workshop | | | | | | |
| Seminar | | | | | | |
| Conference | | | | | | |
| Face to face training | | | | | | |
| Study Visit | | | | | | |
| Job-shadowing | | | | | | |
| Language training | | | | | | |
| Duration of the course (tentative dates): | |  | | | | | |
| Estimated cost[[3]](#footnote-3) (in USD): | |  | | | | | |
|  | | | | | | | |
| Have you completed the online pre-assignment and induction mandatory learning?[[4]](#footnote-4) | | | | | Yes | No | |
| Have you already used a portion of the Training and Learning Allowance[[5]](#footnote-5)  If yes, this is your 1st allowance  2nd allowance  3rd allowance | | | | | Yes | No | |
| Maximum allowances are as follows:  Agencies, Funds and Programmes - US$500  Peace Operations (missions) US$300 | | | | | | | |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: | | | |

|  |  |
| --- | --- |
| P**art II – To be completed by immediate supervisor (host agency)** | |
| APPROVED BY THE SUPERVISOR  YES  NO | |
| Comments: |  |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Name and Title: | |
|  | |

1. The Learning plan needs to be completed in the first 12 months of assignment. Please attach the same. [↑](#footnote-ref-1)
2. Please tick the relevant box(es) [↑](#footnote-ref-2)
3. Please attach cost estimates, quotations and/or other relevant documentation. [↑](#footnote-ref-3)
4. Completion of all mandatory trainings is required before engaging in outside training activities. [↑](#footnote-ref-4)
5. The training and learning allowance is allocated per 12-months of service. [↑](#footnote-ref-5)