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| **Learning Resource Name** |
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| **Is there a cost for this learning resource?**  |
| [ ]  | **Yes**  |
|[ ]  **No**  |
| If Yes, please provide details below: |
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| **Has this resource been accredited or endorsed by any organisation?** If so, please provide details below |
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| **Learning Resource Overview:** |
| 1. **What is the purpose of the learning resource / course?**

For example, to raise awareness of an issue / to enhance skills in an intervention or technique |
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| 1. **What form does the Learning Resource take?**

For example, is itan animation, interactive online resource, training course, workshop, or blended learning approach? |
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| **Training Model**Who is this professional learning available to? For example, staff groups / any pre-requisites for attendance, such as previous learning or qualifications.How is the learning delivered? How do trainers become proficient in its delivery? For example, please state any training for trainer processes. |
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| **Staff Capacity & Time Commitment required.** Please include pre-learning and any post-learning commitments as well as the time needed to complete the Learning Resource itself |
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| **Author / Developer of the Learning Resource:**  |
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| **Link to Learning Resource / Contact for Further Information about content** |
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|  | **QUALITY** |
| **USABILITY:** |
| 1. **Does the learning resource have stated learning outcomes (ILOs or E&Os, or similar?) If yes, please attach a copy when submitting this form – we may not be able to proceed without these.**
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| 1. **Does the learning resource or course have specified content / curricula? If yes, please attach a copy when submitting this form.**

This information is for review only by the multiagency stakeholder panel & NES. |
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| **SUPPORTS REQUIRED TO IMPLEMENT THIS LEARNING IN THE WORKPLACE:** What guidance is given about implementing this learning resource? For example, guidance about: selecting appropriate learners, translating learning into practice, organisational readiness for the intended changes in practice |
| **Workforce Support** For example, ring-fenced time to attend the training or coachingsessions or to deliver an intervention |
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| **Technology Support** For example, internet connections, data collection & analysis, laptops  |
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| **Administrative Support** For example, to send out learning materials, book rooms, manage the detail of the implementation |
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| **Financial Support** For example, materials to support changed work practices, to pay for coaching sessions |
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| **Evidence Base or Mechanism for Change**Please provide a statement that outlines the current evidence base / theory that underpins the learning resource. Please include references and detail any content review process. Please note that this refers to the theoretical basis informing the content of the learning resource, this may not be explicitly detailed in the learning, particularly at the Informed Practice Level |
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| **IMPACT ASSESSMENT** |
|  | **Note:** To know whether a learning resource has been impactful (has made a difference to staff work practices and outcomes for children and young people) it is helpful to collect impact data at four levels as described by Kirkpatrick (1994)Please refer to the Training Evaluation Toolkit in the Digital Learning Map for further guidance about measuring impact.  |
| **Reaction** | **Note:** Does the resource include feedback forms for learners, like the REACTS measure? |
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| **Learning** | **Note:** How will we know the intended learning has happened?For example, quizzes / exams / reflective practice / Pre and Post ratings of knowledge  |
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| **Behaviour** | **Note:** How will we know the intended changed work practices have happened? For example, via observed practice in the workplace or during coaching sessions |
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| **Results** | **Note:** Has this learning resource made a difference to children and young people’s mental health and wellbeing? For example, through measures of improved mental health and wellbeing |
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| **Declaration:** | **I declare that the information provided on this form is accurate and complete to the best of my knowledge.** |
| **Name:** |       |
| **Date:** |       |

**Please send completed forms to** **Psychology@nes.scot.nhs.uk** **using the Subject line: DLM Training Submission**

**Please contact** **Psychology@nes.scot.nhs.uk** **if there are any material changes to this learning resource so that NES can update the entry on the Digital Learning Map.**