**Learning and Development**

**Booking Form**

**Please complete this form in FULL. Thank you.**

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| Course title: |  |
| Preferred date(s): |  |

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| Walsall Council Employee  Employee number: |  | | | |  | | | | |  | | |  | | | |  | | |  | | | |  | | |
| **Walsall Council staff only:**  Walsall Council employee service area budget code |  |  | |  | | |  | / |  | |  |  | |  |  |  | |  | / | |  |  |  | |  |  |
| (in order to book a place on training please ensure this code is completed – the code would be charged if a non-attendance occurred) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delegate surname:  (please print) |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delegate first name:  (please print) |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | Service Area/Team/Unit: | | | | | | | | | | | | | | | | | | | | |
| Work location, address including postcode: | | | | | | Work telephone number: | | | | | | | | | | | | | | | | | | | | |
| Work e-mail address: | | | | | | | | | | | | | | | | | | | | |
| Non Walsall Council employee  Agency/Organisation: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state any specific requirements e.g. access, audio, visual etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line manager’s name and  contact details: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Line managers signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| General Information |
| * Line manager to email the completed form to [learningandorganisationaldevelopment@walsall.gov.uk](mailto:learningandorganisationaldevelopment@walsall.gov.uk) * If there is a need to cancel the booking please confirm this by email to [learningandorganisationaldevelopment@walsall.gov.uk](mailto:learningandorganisationaldevelopment@walsall.gov.uk) * By signing this form you agree to abide by the terms set out in our cancellation policy and code of conduct. |