**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 EmployeeEmployee 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 employeeAgency/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
* If there is a need to cancel the booking please confirm this by email to 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.
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