|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Learning and Development Application Booking Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you complete this form in **FULL**. Thank you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course title** |  | | | | | | | | | | | | **Preferred date(s)/Time (am or pm)** | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicants Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | | | | Title | | | | | | |  | | | | | | |
| First name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Area/ Team/Unit | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Address  (inc Postcode) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course confirmation to be sent to | | **Work e-mail:**  **Managers work e-mail:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Telephone | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any specific requirements (e.g. access, audio, visual, interpreter) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | |
| If you answered **Yes** above, please expand here (**Note**: **any interpreters must be arranged by the delegates and line manager**): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WMBC Staff Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee  number: | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | | | | |  | | | | |
| Service area budget code (to be agreed with your line manager) | |  |  |  | | |  | **/** |  | |  |  | | |  |  |  | |  | **/** | | | | |  | | |  | |  | | | |  |  |
| **(in order to book a place on training please ensure this code is completed – the code will be charged in the event of non-attendance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Non Walsall Council employee:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Agency / Organisation: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course evaluation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If required I agree to being contacted within 3 months of the course completion to give further feedback on how I have applied my learning in the workplace | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| If required I agree to my manager being contacted to provide additional feedback | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| Line managers Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line managers contact details | | | | | 🕿  e-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **By submitting this booking form you have agreed to abide by the ‘learning expectations of those attending learning and development events’ and have read and understood the ‘cancellation policy’.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional information required for those delegates booking on IOSH Managing Safely Course only;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How many staff members do you directly manage? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Do you have direct control over a budget? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. What are your current H&S responsibilities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please describe how you have influence in H&S matters in your current job role; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For L&D Office use only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does this person meet the criteria for this course? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| If not, why not: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If booking onto IOSH course please send this completed form directly to** [terry.hassall@walsall.gov.uk](mailto:terry.hassall@walsall.gov.uk). **Any forms not fully completed will be returned** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If not booking on the IOSH course, then  Return this completed form to:  [LearningandOrganisationalDevelopment@walsall.gov.uk](mailto:LearningandOrganisationalDevelopment@walsall.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |