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| **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:** |
| Employeenumber: |  |  |  |  |  |  |  |
| 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?

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| 1. Please describe how you have influence in H&S matters in your current job role;

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| **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. **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 |