

## Learning and Development Application Booking Form

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

	Preferred	
Course title	date(s)/Time (am or	
	pm)	

<b>Applicants Details:</b>					
Surname	Titl	Э			
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)					
If you answered <b>Yes</b> a delegates and line m	bove, please expand here ( <b>Note</b> : <b>any interpreters must be a</b> <b>anager</b> ):	irranged by the			

WMBC Staff Only:																		
Employee																		
number:																		
Service area budget					1								1					
code (to be agreed					1													
with your line	(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)																	
manager)	cor	nple	ted	– the	e coc	le w	ill be	e ch	arge	d in	the	ever	nt of	non	-atte	nd	ance	)

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						
1. How many staff members do you directly manage?						
2. Do you have direct control over a budget?	Choose					
3. What are your current H&S responsibilities?						
4. 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?	Choose					
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