

APPLICATION FORM

I confirm that I live / deliver a service within the Northern HSC Trust area		
		COURSE / WORKSHOP DETAILS
Course / Worksho	p Name:	
Date:	_	Time:
Venue:	_	
		APPLICANT DETAILS
Name:		
Organisation:	-	
Department / Tean	n:	
Job Title:	-	
Tel:	-	
Email:	-	
Please specify any dietary, access or other requirements:		
	•	
		APPROVAL OF APPLICATION
Please note cancellation without 5 days' notice may incur a charge to your organisation		
Line Manager Name:		
Line Manager Job Title:		
Address:	_	
Post Code:	_	
Tel:	_	
E-mail:	_	
Not Applicable as:	Attending in own	time Self-Employed Student
ног друшавие из.	Other (please det	
	Other (please det	all).
		CONDITIONS OF APPLICATION
 A confirmation e-mail will be sent out ONLY when we can confirm allocation of a place and NOT on receipt of your application. 		
 Agreement to undertake all evaluations associated with the training applied for. Non-attendance without 5 days' notice will result in your Line Manager being contacted and may incur a 		
charge to your organisation. It can also lead to you not being offered free places on future training within		
the Health & W	ellbeing Team.	HOW TO APPLY
Please refer to the course description for details of the contact person and forward completed application form.		
Places are allocated on a "first come first serve" basis on receipt of an application form and there is a limit to 3 persons from one organisation/team attending the same course date.		

I do not wish to be included on the mailing list for any future training courses