

PROMOTING WELLBEING TRAINING

COURSE APPLICATION FORM

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| **(A) COURSE DETAILS** | |
| Course Title: |  |
| Course Date(s): |  |
| Course Venue: |  |
| **(B) APPLICANT DETAILS** | |
| Title  Name | Mr/Miss/Mrs/Ms/Dr/Other |
| Do you live or work in the SHSCT area? Please tick. | Live in SHSCT [ ] Work in SHSCT [ ] Both [ ] |
| Email address |  |
| Contact Telephone |  |
| Do you consider yourself to have a disability? | YES/NO *If Yes, please state any specific requirements to assist you when attending a course.* |
| Job Title |  |
| Profession/Role | Admin/Clerical [ ] Fosterer/Kinship [ ] Social Care [ ]  Ancillary/General [ ] Leisure Services [ ] Teacher [ ]  Carer [ ] Nurses/Midwifery [ ] Volunteer [ ]  Childcare [ ] Professional/Tech [ ] Youth/Community [ ]  Clergy [ ] Security/Emergency [ ] Other [ ] |
| Type of Organisation | Statutory [ ] Voluntary [ ] Community [ ] Independent [ ] Other [ ] |
| Organisation Address & **Postcode** |  |

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| Line Managers Name  *(Signature not required)* |  | Line Managers approval given | YES/NO |

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| **(C) TO BE COMPLETED BY SHSCT STAFF ONLY** | | | | | |
| Directorate |  | Band |  | Staff Number |  |

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| **IMPORTANT INFORMATION** |
| * Places on this training will be allocated after the closing date. * Please only attend after you have received confirmation of your place by email. * Should you wish to cancel your place please advise us as soon as possible so your place can be reallocated. |
| **PLEASE RETURN YOUR APPLICATION TO:** |
| 🖃 Orla Clarke, Training Administrator, Promoting Wellbeing Department,  St Luke’s Site, 71 Loughgall Road, ARMAGH, BT61 7NQ  e: [**pwb.training@southerntrust.hscni.net**](mailto:pwb.training@southerntrust.hscni.net) t: 028 37 56 4454 |

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| FOR OFFICE USE ONLY | | | |
| DB Date |  | Date Application Acknowledged |  |
| Date place offered |  | Date applicant confirmed attendance |  |