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|  | **JOINT TRAINING APPLICATION FORM** | **JT Colour Logo** |

**The preferred method of applying for a course is online at:** [**www.shropshire.gov.uk/jointtraining**](http://www.shropshire.gov.uk/jointtraining)

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| **Course Title** |  | | |
| **Course Date** |  | | |
| **Delegate information** | **Names** | **Job title** | **NHS and Shropshire Council staff only:** Personal / Employee No. |
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| **Please state any support needed** e.g. hearing loop or other specialist equipment | | | |

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| **Agency** *(please select the area you work within)* | | |
| **SHROPSHIRE** | | |
| Shropshire Council | | Independent sector (social care/health) |
| Shropshire Community Health NHS Trust | | Independent sector (non-social care) |
| Shropshire CCG | | Voluntary sector (paid workers - social care) |
| Midland Partnership NHS Foundation Trust | | Unpaid volunteer, family carer or service user |
| Acute Hospital (RSH &PRH) | |  |
| **OTHER** | | |
| Telford & Wrekin | Other, please state: | |

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| **Where did you hear about us?**  Word of Mouth  Website  Social Media  Internet  Booklet  Gov delivery  Marketing event  Press  Skills For Care  Other |

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| **Workplace/**  **contact details** | Address: |
| Team name: |
| Tel number: |
| **Invoice address** *(if different from above)* |  |
| **Invoice email address**  (mandatory) |  |
| **Purchase order No.**  If used by your organisation |  |

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| **Line Manager name** | **Name:** |
| **Email:** |
| **Details of person completing this form** | **Name:** |
| **Email:** |
| **Tel No:** |

**On completion, please email this form to:** [**joint.training@shropshire.gov.uk**](mailto:joint.training@shropshire.gov.uk)

Tel: (01743) 254731 or 254732 or 254734

**Data protection** - records will be held in accordance with current Data Protection legislation and the Joint Training Retention Policy. Joint Training will use the data you provide for the sole purpose of training management.