

Multi Agency Training Course Application Form

SWINDON BOROUGH COUNCIL

Course Title:		Sex	
		Male	
Course Date:	Second choice date:	Female	
		Ethnicity *	
Applicant's Name:		White British	
		White Irish	
Tel:		White Polish	
Mobile <small>Required in case we need to contact you in cases where course is cancelled/ changed at last minute</small>		White Italian	
		Any other White background	
Job Title:		Black or Black British Caribbean	
		Black or Black British African	
Service Area & Cost Centre <small>(must be completed):</small>		Any other Black background	
		White and Black Caribbean	
Full Workplace Name:		White and Black African	
		White and Asian	
Full Workplace Address:		Any other Mixed background	
		Indian	
		Pakistani	
		Bangladeshi	
		Any other Asian background	
		Chinese	
Email Address:		Any other ethnic Group	

To help us meet your needs please specify if you have any particular needs in the following areas:

Hearing/Visual/Dietary/Other (please specify):

Are you registered disabled?

TO BE COMPLETED BY APPLICANT AND MANAGER - please note – cancellation, non-attendance & early leavers charges will be applied (As specified in the Cancellation policy)

As a manager you are signing to release your staff for the full training day(s) as advertised.

By signing this form you also agree to the training co-ordinators providing your manager with appropriate feedback after the course.

Manager's Name:

Date:

Signature:

Applicant's Signature:

Submitting an application form DOES NOT guarantee you a place on the course. Confirmation letters or email confirmation will be sent out approximately six weeks prior to the date of the course, confirming the venue and times of the course. Please let Tracey Brown or the Multi Agency training Co-ordinators know if you are unable to attend with as much notice as possible. See Cancellation policy for details of charges that may apply.

**Please return to: Learning and Development Team,
DMJ Building, 9th Floor, Brunel Tower, Canal Walk, Swindon SN1 1LD
Fax – 01793 464803**

* To assist us in completing statistic returns for Department of Health, please would you complete the information re ethnicity above.

Swindon Borough Council for the purpose of the administration of any courses will hold the information you have supplied. Apart from the above, the data you have supplied will not be used for any other purpose. Under the 1998 Data Protection Act, you are entitled to know what personal data this council holds about you. To obtain a copy of this, please write to the data protection controller at Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH enclosing a cheque for £10 made payable to Swindon Borough Council.

I agree to the use of this data for the above purposes

CANDIDATE SIGNATURE:

DATE: