Learning & Development Training Programme

Course Application Form



PLEASE COMPLETE <u>ALL</u> SECTIONS OF THE FORM this will ensure prompt processing of your application

Please return the completed application form to: Community Learning Centre Email: learning.development@iow.gov.uk or Learning & Development, Community Learning Centre, Brading Road, Ryde, Isle of Wight, PO33 1QS

Please ensure you have read the target group for your chosen event, or you may be liable for the full cost of the course if you later realise this event isn't relevant to you.

| Full /Course Title: | | | | | |
|--|--|--|---------|-----------|-------|
| Event Date(s): | | Time: | | Venue: | |
| Date of Birth | | | | | |
| (for accredited courses only): | | | | | |
| Applicant's Surname(s): | | Applicant's First Name(s): | | | |
| Applicant's Workplace (including Address) : | | Applicant's Role: | | | |
| Daytime Telephone Number: | | Email address for course confirmation (your application cannot be processed without this information): | | | |
| Requirements please detail where appropriate: | | | | | |
| Hearing Loop | | Dietary requirements Other (please state) | | | |
| Braille | | Audio | | | |
| How will your place be funded including any non-attendance charge incurred? Your application will not be processed without this information! | | | | | |
| Subscribers rate (please tick) Workplace Address (for invoicing if different from above | | | | | |
| | | | | , | |
| Non-subscribers rate (please tick) | | | | | |
| Internal Budget Code (Council employees only) | | | | | |
| | | | | | |
| <u>Signature</u> | | | | | |
| I understand by signing this form I agree to attend the above named event and that I must notify Learning & Development in writing if I am unable to attend. I understand by signing this form I take full responsibility and will be charged the course fee for non-attendance. | | | | | |
| I am also aware the information contained on this form will be held on a computer system, which is registered under the Data Protection Act 1998. | | | | | |
| Signature | | | | Date: | |
| - | | | | | |
| For Office Use Only: | | | | | |
| Date Received: | | | On SAP | | Date |
| | | | Booking | Confirmed | Date: |