PROMOTING WELLBEING

COURSE APPLICATION FORM





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| **COURSE DETAILS** | |
| Course title: | *Click above to choose from the drop-down list* |
| Course date(s): |  |
| **APPLICANT DETAILS** | |
| Name |  |
| Address & **postcode** |  |
| Email address |  |
| Contact telephone |  |
| Do you consider yourself to have a disability? | YES/NO *If Yes, please state any specific requirements to assist you if attending a course.* |
| Job title |  |
| Profession/Role | *Click above to choose from the drop-down list* |
| Type of Organisation | *Click above to choose from the drop-down list* |
| Organisation address & **postcode** |  |

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

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| **TO BE COMPLETED BY SHSCT STAFF ONLY** | | | | | |
| Directorate |  | Band |  | Staff number |  |

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| **IMPORTANT INFORMATION** |
| * Places on each course will be allocated after the closing date stated on the promotional literature. * Please only attend the course after you have received confirmation of your place by email. * Should you wish to cancel your place please advise as soon as possible. * Participants are not permitted to record webinars. * Participants are asked not to share webinar links. |
| **PLEASE RETURN YOUR APPLICATION TO:** |
| 🖃 Training Administrator, Promoting Wellbeing Division,  Main building, 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 | |
| Place offered | Yes/No |
| Did applicant attend | Yes/No |
| Details on DB | Yes/No |