**TRAINING COURSE APPLICATION**

(for internal use only)

Humber NHS Foundation Trust will use the information below for training administration purposes and will only process your information in accordance with the Data Protection Act 1998

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| **PERSONAL DETAILS** (please use capitals) |

**Commitment**

**Surname: Forename: Applicant’s signature:**

**Job title: Assignment No: Date:**

(from your payslip)

**Tel No: Mobile No: Manager’s signature:**

**Manager’s name:**

Special Requirements (please feel free to liaise with the course facilitator directly)

**Please note:** a manager’s signature is not required for statutory or mandatory training and approval from flexible workforce is required for all bank staff

| **Course** | **Level** | **Preferred date** | | **Alternative** | | **Alternative** | | **For official use only**  (please initial to confirm complete) | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (provide preferred date and two alternatives to allow flexibility) | | | | | |
| Date | Time | Date | Time | Date | Time | **Booked** | **Confirmed** |
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| Please ensure you email your completed form 10 workings days in advance of the course/s date. Only fully completed forms will be actioned and confirmed.  **HNF-TR.Learningcentre@nhs.net** |