Reading BOROUGH COUNCIL

HOUSING & COMMUNITY CARE DIRECTORATE

ALSO SERVING CHILDREN'S SERVICES IN DECS

TRAINING APPLICATION FORM

PLEASE COMPLETE APPLICATION FORM FULLY. FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED TO THE APPLICANT

NOTE: The course application should be discussed with Line Manager and arise as the result of a training needs assessment, AND MUST BE SIGNED BY THE LINE MANAGER.

COURSE TITLE	
DATE OF COURSE	
VENUE	

FOR AN EXTERNAL COURSE HAVE YOU:

ATTACHED EXTERNAL BOOKING FORM AND COURSE FLYER?

(IF OVER £50) HAD YOUR APPLICATION AUTHORISED BY YOUR SERVICE MANAGEMENT TEAM?

PLEASE ENTER THE DATE OF THE COURSE IN YOUR DIARY NOW.

THIS DOES NOT GUARANTEE YOU A PLACE, CONFIRMATION WILL BE SENT TO YOU 3 WEEKS PRIOR TO COURSE DATE. IF YOU HAVE NOT HEARD ANYTHING BY 2 WEEKS BEFORE PLEASE CONTACT US.

HCC Community Care		**HCC Housing/ Property Services**		**HCC Safer Communities**	
HCC Finance		**HCC Strategy & Partnerships**		**DECS Children's Services**	
Other RBC Directorate (please state)		**NHS (please state Trust)**		**Other Unitary Authority (please state)**	
Private Sector		**Voluntary Sector**		**Other (please state)**	

NAME: **(PLEASE PRINT IN CAPITALS)**	
JOB TITLE:	
ORGANISATION (if non-RBC)	
ADDRESS FOR COURSE INFORMATION TO BE SENT TO: **POSTCODE:**	If a separate invoice address – please state.
E-MAIL ADDRESS	
LINE MANAGER NAME & TELEPHONE NO.	
UNIT COST CODE:	

Please provide a cost code to be charged in the event of non-attendance only	

STATEMENT TO APPLICANT AND MANAGER

WHEN APPLYING FOR TRAINING PLEASE CONSIDER THE FOLLOWING:

- Is the training in line with the staff member's development profile?
- Does it fit in with the unit/team's business plan?
- Has the applicant undertaken pre-required training where necessary?
- Cancellation less than 5 working days before course date, or un-notified non-attendance will incur a fine of a minimum of £50.00 per day.

AUTHORISATION SIGNATURES

I confirm that I have entered the course date I have requested in my diary and will contact Training if I have not received confirmation two weeks before the course date.

APPLICANT

LINE MANAGER

BUDGET HOLDER (IF NOT LINE MANAGER)

COST CODE (IF APPLICABLE i.e. IF PAYING FOR COURSE FROM YOUR BUDGET)

IF YOU HAVE ANY SPECIFIC NEEDS PLEASE TICK RELEVANT BOX/S

HEARING		SIGHT		LEARNING		MOBILITY		DIETARY	

Please state how we can support you.

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Return completed application forms to:

Workforce Development Team
Housing & Community Care
Reading Borough Council
Lower Level 6
Civic Centre
Reading
RG1 7AE **Tel: 0118 939 0102 x2102** **Fax: 0118 939 0526**