

# Application Form (PLEASE COMPLETE IN BLOCK CAPITALS)

Course/Seminar Name:

Course/Seminar Date:  Venue:

Title:  First Name:  Surname:

Address (Work/Home):

Postcode:  Trust Staff Number:

Tel:  Mobile:

Job Title:  Email:

Special requirements:

## Sector/Discipline: (Please tick most appropriate)

Clergy/Faith Groups	<input type="checkbox"/>	Mental Health Nursing Primary	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Community/Voluntary	<input type="checkbox"/>	Nursing Secondary	<input type="checkbox"/>	PSNI	<input type="checkbox"/>
Education	<input type="checkbox"/>	Nursing Primary	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Medicine Secondary	<input type="checkbox"/>	Social Work/Care Primary	<input type="checkbox"/>	Probation	<input type="checkbox"/>
Medicine Primary	<input type="checkbox"/>	Social Work/Care Secondary	<input type="checkbox"/>	Youth	<input type="checkbox"/>
Mental Health Nursing Secondary	<input type="checkbox"/>	AHPS	<input type="checkbox"/>	Private	<input type="checkbox"/>

Gender: Male  Female

## Trust Staff Only (Please Select Directorate)

Performance Service Improvement	<input type="checkbox"/>	Adult Mental Health & Disability Services	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Acute	<input type="checkbox"/>
Finance and Contracting	<input type="checkbox"/>	Women & Children's Services	<input type="checkbox"/>
Strategic Capital Development	<input type="checkbox"/>	Medical	<input type="checkbox"/>
		Primary Care and Older People	<input type="checkbox"/>

Where did you learn about this training?

If you are being given time off to attend training please get your line manager to sign below.

Line Manager:  Job Title:

Please note that this course is funded by the PHA and WHSCT. Whilst places are offered FREE to build and develop capacity in Trust Staff and/or those who live or work in the WHSCT area, the Health Improvement Team will follow up if a registered participant fails to attend this course, or cancels without a valid reason. Managers may be contacted if a registered participant does not attend. All successfully placed participants will be informed by letter 4 weeks prior to course.

## Please return completed form to:

Health Improvement Department,  
Western Health and Social Care Trust,  
Maple Villa, Gransha Park, L'Derry, BT47 6WJ.

Booking Forms can also be completed and submitted at:  
**health.improvement@westerntrust.hscni.net**,  
**TRUST Intranet**, Tel: **028 7186 5127** or Fax: **028 7186 5128**