

EXTERNAL TRAINING BLOCK BOOKING FORM



This form should be completed by line managers when making a request for a number of staff to attend an external training course(s). Please complete al pages. **Both** the employee and the Line Manager are required to sign the form on page 1; otherwise it may not be processed.

Service Name	
Jei vice italile	
Manager (Print Name)	Manager Signature
Delegate (Print Name)	Delegate Signature
Delegate (Fillit Name)	Delegate Signature





	CADEIVI				
а	Course name	9		Date Leng of Co	th
b	Qualification Gained on Completion	n			
С	Time(s) and of course (N) Please ensur that your sto able to trave venue before request train	B re off are el to e you		conte cost (se attach details of ent of course and (NB Applications ot be processed out these details)
d	Organiser no	ame			
	Organiser Address & Telephone Number				
	Course Cost - If course is free, please state whether or not there are any fees for non-attendance or non-completion				
	avel eeded?	Yes / No	Cost		
Н	otel needed?	Yes / No	Cost		
do	ill any study iys be eded?	Yes / No	How many?	Frequency	





BUSINESS OBJECTIVES (this must be completed for the application to be considered)

My staff members' attendance on this course will benefit my service and service	
users in the following ways –	
PERSONAL OBJECTIVES – LEARNING OUTCOMES (this must be completed for the	
application to be considered)	
application to be constacted,	
My staff members' attendance on this course will enhance their CPD (Continuous	
My staff members' attendance on this course will enhance their CPD (Continuous Professional Development) in the following ways –	