

# **Surrey County Council**

# **Training Course Application Form**

# Making Surrey a better place

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| Training course details - To be completed by attendee | | | |
| Training course title: |  | | |
| **First choice (if available)** |  | **Second choice (if available)** |  |
| Date: |  | Date: |  |
| Time: |  | Time: |  |
| Venue: |  | Venue: |  |

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| Attendee details - To be completed by attendee | | |
| Full Name: |  | |
| Organisation Name: |  | |
| Job Title: |  | |
| E Mail Address: |  | |
| Telephone Number: |  | |
| **Please state any dietary, access or other requirements.**  (For example specialist equipment) |  | |
| This training course is relevant to my role and personal development. I agree to attend the whole event. | | (Yes/No) |

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| Authorisation - To be completed by line manager | | |
| I agree this training course supports the employee’s individual development and the team objectives. | | (Yes/No) |
| **I understand that courses are offered on a first come first served. A place on the course is only confirmed once an e mail confirmation has been sent out. A telephone call informing you of places on a course is NOT a guarantee of a place on the course.** | | (Yes/No) |
| Name of line manager: |  | |
| Line manager work email address: |  | |
| **If places are unavailable on your first or second choice of dates we will e mail you a list of alternative dates. We aim to do this within 5 working days.** | | |

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| **Please return your application either by email, post to:** | * Surrey Children’s Services Academy (SCSA), Room 107, County Hall, Penrhyn Road, Kingston Upon Thames, KT1 2DN * [surreychildrens.academy@surreycc.gov.uk](mailto:surreychildrens.academy@surreycc.gov.uk) |
| **For further training enquiries please contact the My Helpdesk HR:** | * SCSA * [surreychildrens.academy@surreycc.gov.uk](mailto:surreychildrens.academy@surreycc.gov.uk) |

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| **Office use only** | Alternative: |  | TM: |  |
| **TE1** | Prebooked: |  | TM: |  |
|  | Receipted: |  | TM: |  |