

LEARNING & ORGANISATIONAL DEVELOPMENT

APPLICATION FORM

*Please complete all fields marked with * in BLOCK capitals.*

No places will be reserved on ANY course without completion and return of this form.

Incomplete forms will be returned.

Name *		Payroll number *	
		NMC, HCPC, GMC PIN: * <small>(If booking HELP or Resuscitation Course)</small>	
Job Title *			
Ward/Dept. *		Division *	
Pay Band		Organisation/Trust/PCT *	
Work Tel. No. *		Home/Mobile No. *	Email address *
Course Title *		Course Date*	1 st Choice: 2 nd Choice:
Are you attending in your own time? Yes / No		Do you have a special learning need? Yes / No Please specify:	
Special support or assistance required? E.g. hearing loop, ramp access			
Managers statement of support * (To be completed by applicant's Line Manager)			
I confirm that I am in agreement with this application and feel it is appropriate to both the service need and the applicant's individual learning need. I will make every effort to support the applicant and ensure that they attend, book study leave and complete the course.			
Name (please print) *		Date *	
Job Title*		☎ *	
Department *		Signed *	
Course Fee (as per flyer) *			
Invoice Address *		FOR OFFICE USE ONLY	
.....		Non-BTUH fee invoiced to address shown <input type="checkbox"/>	
.....		Registration fee cross-charged to BTUH Department for externally accredited courses <input type="checkbox"/>	
Your details will not be used for any other purpose, nor passed on to any Third Parties. All information you provide on this form will be maintained under the Data Protection Act 1998.			

Please return this form to:

Administration Team, Learning & Organisational Development, Education Centre, Basildon Hospital, Nethermayne, Basildon, Essex, SS16 5NL



01268 394687 Email: staffdev@btuh.nhs.uk

