

Course Application Form
Incomplete forms will not be accepted

Part 1

(i) Applicant Details: *Mandatory

*Title *Full Name:

*D.O.B.

(ii) Address and contact details - please complete either option a) or b) as relevant.

a) *Work Address: (if hospital based please state ward)

.....

..... *Post Code:

*Telephone: Fax:

*E-mail:

*Job Role:

b) Home Address: (**only if you are registered self employed**, eg childminder, independent teacher/
social care worker)

.....

..... Post Code:

Telephone: Fax:

E-mail:

Job Role:

(iii) Do you work at Area: West East Central Borough-Wide

(iv) Organisation/Sector:

- | | |
|-----------------------------------|--------------------------|
| Five Boroughs | <input type="checkbox"/> |
| Adult Services | <input type="checkbox"/> |
| Care and Inclusion (CYPS) | <input type="checkbox"/> |
| Community & Voluntary Sector | <input type="checkbox"/> |
| CAFCASS | <input type="checkbox"/> |
| Chief Executive's | <input type="checkbox"/> |
| Engagement (CYPS) | <input type="checkbox"/> |
| Environmental Services | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> |
| Hindley YOI | <input type="checkbox"/> |
| Independent School | <input type="checkbox"/> |
| Learning and Attainment (CYPS) | <input type="checkbox"/> |
| Management and Development (CYPS) | <input type="checkbox"/> |
| NHS Trust | <input type="checkbox"/> |

- PCT
- Police
- PPQ (CYPS)
- Probation
- Private Sector
- School
- Wigan Leisure Trust (WLCT)

(v) Are you a volunteer? Yes No

(vi) Course Type: Please tick as appropriate: Information Sharing (___) or CAF/LP (___)

Course Title and Code:
.....

Course Date: Course
Venue:.....

(Please pencil the dates in your diary and await confirmation)

(vii) Do you have any additional needs, eg loop system, access or dietary, etc Yes No

If yes, please give details:

(viii) Applicant's signature: Date:

(ix) Line Manager (use only where appropriate): I fully support the above application.

Line Manager's signature: Date:

(please print name) Position:

(x) When completed, this form should be forwarded to: Learning & Development Team, PDC Park Rd., Hindley, Wigan WN2 3RY

E-mail address for forms: cafraining@wigan.gov.uk

Please note that electronic forms will need manager's confirmation/signature

Course Application Form

Part 2

Please note if you have completed this information when applying for a previous training course than you do not need to complete Part 2 again.

General Information

For the purpose of diversity and monitoring, please complete the following details:

Male Female Date of Birth:

Ethnic Origin:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

Libyan