

Course Application Form

Incomplete forms will not be accepted

Part 1

(i) Applicant Details: (mandatory *)

Title: _____ Full Name: _____

Date of birth _____

(ii) Address and contact details - please give work address (**unless** you are registered self employed, eg childminder, independent teacher, social care worker)

a) Work Address: (if hospital based please state ward) **OR** Home address; *please tick one box*

Post Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Job Role: _____

(iii) Organisation/Sector::

Adult Services	<input type="checkbox"/>	Learning & Attainment (CYPS)	<input type="checkbox"/>
CAFCASS	<input type="checkbox"/>	Management & Development (CYPS)	<input type="checkbox"/>
Care & Inclusion (CYPS)	<input type="checkbox"/>	NHS Trust	<input type="checkbox"/>
Chief Executives	<input type="checkbox"/>	PCT	<input type="checkbox"/>
Community & Voluntary	<input type="checkbox"/>	Police	<input type="checkbox"/>
Engagement (CYPS)	<input type="checkbox"/>	PPQ (CYPS)	<input type="checkbox"/>
Environment Services	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>
Five Boroughs	<input type="checkbox"/>	Probation	<input type="checkbox"/>
Hindley YO1	<input type="checkbox"/>	School	<input type="checkbox"/>
Housing	<input type="checkbox"/>	Wigan Leisure Trust	<input type="checkbox"/>
Independent School	<input type="checkbox"/>		

TEAM:	
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(iv) Locality *If the team or service you work in is targeted at one of Wigan's localities- either because you have premises open to the public , or because you are organized to respond to requests from that area - please tick the relevant box.*

Wigan North & Standish, Aspull, Shevington Ashton, Bryn & Hindley, Abram

Wigan South & Orrell, Billinge, Winstanley Golborne, Lowton & Leigh

Atherton & Tyldesley, Astley Working boroughwide

(v) Are you a volunteer? Yes No

(vi) Course Details:

(1) Course Title and Code:

Course Date:

Course Venue:

Alternative date if your first choice is unavailable

(vi) Course Details:

(2) 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:

(ix) Applicant's signature:

Date:

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

Line Manager's signature:

Date:

(please print name)

Position:

(xi) When completed, this form should be forwarded to:

Learning & Development Team, PDC, Park Rd, Hindley, Wigan WN2 3RY

OR E MAIL TO castraining@wigan.gov.uk

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
- Any other ethnic background