

PROMOTING WELLBEING TRAINING COURSE APPLICATION FORM


(A) COURSE DETAILS	
Course Title:	
Course Date(s):	
Course Venue:	

(B) APPLICANT DETAILS	
Name	Mr/Miss/Mrs/Ms
Address & Postcode	
Email address	
Contact Telephone	
Do you consider yourself to have a disability?	YES/NO <i>If Yes, please state any specific requirements to assist you when attending a course.</i>
Job Title	
Profession/Role	
Type of Organisation	
Organisation Address & Postcode	

Line Managers Name <i>(Signature not required)</i>		Line Managers approval given	YES/NO
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(C) TO BE COMPLETED BY SHSCT STAFF ONLY				
Directorate		Band		Staff Number

IMPORTANT INFORMATION
<ul style="list-style-type: none"> • Places on this training will be allocated after the closing date. • Please only attend after you have received confirmation of your place by email. • Hospitality will not be provided unless stated otherwise. • Should you wish to cancel your place please advise us as soon as possible so your place can be reallocated.

PLEASE RETURN YOUR APPLICATION TO:	
 Orla Clarke, Training Administrator, Promoting Wellbeing Department, St Luke's Site, 71 Loughgall Road, ARMAGH, BT61 7NQ e: orlae.clarke@southerntrust.hscni.net t: 028 37 56 4454	

FOR OFFICE USE ONLY			
DB Date		Date Application Acknowledged	
Date place offered		Date applicant confirmed attendance	