**For further enquiries about this Training**

**please ring Gary Hall on 0161 342 5672**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Form       To be completed by the Applicant (Block CAPS please)** | | | | | | | | | | |
| Course Title | | Sexual Health and ISH (Integrated Sexual Health) Service Awareness for Frontline Staff | | Course Date | | | | |  | |
| Applicant Name | |  | | PRN Number | | | |  | | |
| Job Title | |  | | | | | | | | |
| Service Area | |  | | | | | | | | |
| Unit | |  | | Tel no | |  | | | | |
| Workplace Name: | |  | | Tameside MBC Employee               **YES/NO** | | | | | | |
| Address Line 1 | |  | | | | | | | | |
| Address Line 2 | |  | | **Postcode:** | | |  | | | |
| *If you have a particular need to enable you to participate fully (physical access, induction loop etc) please indicate here:* | | | | | | | | | | |
| **Applicant signature:** | | | | **Date:** | | | | | | |
| **\*To receive confirmation of this place by return, please include your email address:…………………………………………………………………………………………..** | | | | | | | | | | |
| Has this course been identified as part of the applicant’s Employment Development Review (EDR) (*same as Personal training plan*)? | | | | **YES/NO** | | | | | | |
| **Manager Name \*** |  | | | | | | | | |  |
| **Full Address** |  | | | | | | | | |  |
| **Address Line 1** |  | | | | | | | | |  |
| **Address Line 2** |  | | **Postcode** | |  | | | | |  |
| **Manager Signature** \* |  | | **Date** |  | | | | | |  |
| **Managers Email Address** |  | | | | | | | | |  |
| \***These are compulsory fields.  If they are not completed, this form will not be processed.  If an email address is provided, missing information will be requested via this.** | | | | | | | | | |  |
| **To Delegate: If a place is available on the course you requested a confirmation e-mail will be sent to you with all the details, at least one month before the course date.   If there are no places available on the date you requested an alternative date will be sent with the e-mail, please confirm whether you can make the new date or not. If any further clarification is needed please call Gary Hall on 0161 342 5600.** | | | | | | | | | |  |
| Please return the completed form to: Gary Hall, #31 Clarence Arcade, Stamford Street, Ashton under Lyne OL6 7PT or alternatively you can email this form to [gary.hall@tameside.gov.uk](mailto:gary.hall@tameside.gov.uk) | | | | | | | | | |  |