***HCC - Workforce Development and Partnership Team***

***Event Booking Form***

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| **User Guidance Notes** | | | | | | | | |
| * *Please fully complete this form in BLOCK CAPITALS* * *Places are not automatically provided upon completion of this form – confirmation of a place will be sent to the email address provided.* * *Emailed forms will only be accepted if they have been forwarded to us by your Line Manager (confirming agreement and authorisation of attendance)* | | | | | | | | |
|  | | | | | | | | |
| **Event Title:** | **First Preferred Date** | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Second Preferred Date** | | | | | | | |
| ***Please ensure you have checked the course content and target audience to be certain that this course is suitable for you*** |  |  |  |  |  |  |  |  |
| **Previous Training:** | | | | | | | | |
| Please indicate when (if ever) you last received training in this topic/subject  *If you cannot recall the exact date please indicate an approximate month/year* | Date: | | | | | | | |
| Please advise who delivered this training: | | | | | | | | |

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| **Attendee Details - Please ensure this section is fully completed** | | | | | |
| Title |  | First name |  | | |
| Last Name |  | | | | |
| Personnel Number:  **(For HCC staff only)** |  | | | | |
| Job Title/Position |  | | | | |
| Organisation Name |  | | | | |
| Organisation Address |  | | | | |
| Email Address |  | | | Phone Number |  |

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| **Additional requirements** |
| If you have additional needs or require reasonable adjustments please contact [pvi.learning@hertfordshire.gov.uk](mailto:pvi.learning@hertfordshire.gov.uk) |

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| **Please explain why you require this training** |
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| **Attendee and Line Manager Agreement and Authorisation** | | | | | | | | | | | | | | | | | |
| **Please note that by submitting an application for this course, you have accepted the terms of the ‘Charges for Non Attendance on Courses’ policy. Please contact pvi.learning@hertfordshire.gov.uk for a copy of this policy.** | | | | | | | | | | | | | | | | | |
| **Attendee** | | | | | | | | | **Line Manager** | | | | | | | | |
| I confirm that I have read the course outline and meet any pre-attendance requirements of the course, where these are necessary and specified for participation. | | | | | | | | | I confirm that this course supports the attendee’s learning and development needs and that they will be supported in applying the learning in relation to their job responsibilities. | | | | | | | | |
| Signature |  | | | | | | | | Signature |  | | | | | | | |
| Print Name |  | | | | | | | | Print Name |  | | | | | | | |
| Date |  |  |  |  |  |  |  |  | Date |  |  |  |  |  |  |  |  |

**Please return completed forms to:**

Workforce Development and Partnerships Team

SFAR201, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

Fax: 01438 843432, or Email: pvi.learning@hertfordshire.gov.uk