



Staff Training and Development Programme

Course Application Form

PART 1 – Applicant Details			
Name		Post	
School/Base/ Organisation		Contact Number	
Contact Address		Email Address	
		Postcode	

PART 2 – Training Course Details			
Course Title		Course Code	
Course Date & Time		Closing Date	
Venue			
Course Organiser		Total Fees	£
Contact Details		ILA Amount	£
		Individual Contribution	£
I have applied directly for a place on this course (Please circle)	YES NO	Funding Requested	£

Cancellation Policy

We will charge any individual who does not turn up to a course or who fails to give **three working days notice** of cancellation. Please note that for the three day First Aid at Work courses this will now be full course cost recovery of £200 and for all other courses a fee of £45 will be applied.

<p>The information provided by you will be used in administering and processing your course application. However, it may from time to time be necessary to share your information within the Service and / or receive information from external training agencies.</p> <p>I do / do not * give my permission for the above (*Please delete as appropriate)</p>			
Applicant's Signature		Date	

PART 3 – TO BE COMPLETED BY LINE MANAGER

Select
ONE
Box
only

- I support this application and request that it be considered for funding by the Authority
- I do not support this application

Comments

Signature

Date

Post

Contact Tel
No.

PART 4 – TO BE COMPLETED BY CHILDCARE STRATEGY TEAM

- I support this application and agree that it be funded from the following budget code

Budget Head / Financial Code

/

/

/

/

- I do not support this application

Comments

Signature

Date

PART 6 – FOR OFFICE USE ONLY

Date entered/checked
in system

Initials

Completed CC1R Application forms should be returned to:

**Community Wing
Perth Grammar School
Gowans Terrace
Perth PH1 5AZ**

**(Tel: 01738 472350)
E-mail: childcare@perthgrammar.pkc.sch.uk**