

# TRAINING APPLICATION FORM

- Please read the application criteria and charging policy found on the website before completing this form
- Please complete **one** booking form **per** delegate and make sure mandatory sections are completed, then return this form to the Course Provider delivering the programme
- Until you receive a confirmation from the course provider your place is **not** confirmed

## \* Essential Information Required

### COURSE DETAILS (please print carefully)

Course Title/Qualification*:			
Course Provider*:			
Location*:			
Start Date (Option 1) *:	/	/	Start Date (Option 2):
Do you meet the pre-requisites for this course (if applicable)?			
Do you have any special requirements (e.g. access requirements, large font, hearing support etc)?			


### PERSONAL DETAILS (please print carefully)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify):		
Surname Name*:		First Name*:	
National Insurance No.:		Date of Birth:	/ /
Home Address:			Postcode:
Daytime Phone Number:		E-mail Address:	
Evening Phone Number:		Mobile Phone Number:	
Confirmation letter sent to*:	Home Address: <input type="checkbox"/>	Work Address: <input type="checkbox"/>	Email Address: <input type="checkbox"/>

### EMPLOYMENT DETAILS (please print carefully)

Employers Name*:				
Workbase Address*:			Postcode*:	
Job Title/ Position*:				
Age group you work with*:	0-3 <input type="checkbox"/>	3-5 <input type="checkbox"/>	6-13 <input type="checkbox"/>	13-19+ <input type="checkbox"/> All <input type="checkbox"/>

### DECLARATION

 The information which you provide on this form will be held by Devon County Council. This information will be used for the purposes of providing detail for audits to meet Government requirements, identifying appropriate funding streams to support sector needs and planning future training based on trends in uptake. This information may also be disclosed to DCSF, Funding Agencies and Children's Trust Senior Management representatives for the purposes of the above. We intend to keep the information which you provide for 6 years. This information will be held securely and will not be disclosed to anyone other than those stated above, without your permission. The information which you provide will be destroyed in a secure manner when the retention period has expired.

I declare that the details given on this form are true. I have read and agree to the application criteria

### Applicant Signature\*:

Date:	/ /
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### TO BE COMPLETED BY APPLICANT'S LINE MANAGER

I confirm that the delegate detailed above will be released from other work commitments in order to undertake the full programme and to fund his/her place (if appropriate)

Manager's Signature*:		Print Name*:	
Daytime Phone Number:		E-mail Address:	
Date:	/ /		

INVOICE DETAILS:

Agency*:	Fully Funded by SLA:		Invoice Required:	
	DCC Social Care	<input type="checkbox"/>	Devon and Cornwall Police	<input type="checkbox"/>
	DCC Early Years	<input type="checkbox"/>	Primary Care Trust	<input type="checkbox"/>
	Early Years Childcare / play, Childminder or Children's Centre - Private, Voluntary, Independent	<input type="checkbox"/>	NHS Acute Trusts	<input type="checkbox"/>
			Devon Partnership Trust	<input type="checkbox"/>
	Invoice Required:		CAFCASS	<input type="checkbox"/>
	DCC YOT	<input type="checkbox"/>	Connexions	<input type="checkbox"/>
	Youth - Private, Voluntary, Independent	<input type="checkbox"/>	CYPS	Other (specify):
	DCC Schools	<input type="checkbox"/>	Other (specify):	
	Schools - Independent	<input type="checkbox"/>	Other (specify):	Other (specify):
Social Care – Private, Voluntary, Independent	<input type="checkbox"/>	Other (specify):		
<b>SLA indicates the agency has contributed to a central fund</b> <b>Where 'Invoice is required' is specified your agency/team need to complete the details below:</b>				
Full Name (if different from Manager):				
Organisation:				
Invoice Address*:			Postcode*:	
	Daytime Phone Number:		E-mail Address:	
	Finest Code (for DCC staff attending internal teams training):			
<b>FOR QUALIFICATIONS ONLY, PLEASE COMPLETE:</b>				
Do you have 5 GCSE's (NB. not CSEs) grade A-C or equivalent?:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If no, please list your other qualifications or highest level qualification:				
<b>DIVERSITY (optional)</b> Please refer to the Training Application Valuing Diversity Guidance page:				
To which of the groups do you consider that you belong (e.g. 6.1):				

Please return this form to:

**ACDhelp.com**

Course Provider: Awards, Certificates and Diplomas

Administration Contact:

Address: **ACDhelp.com Limited**

14 Walnut Road

Torquay

Devon

TQ2 6HS

Email: [info@acdhelp.com](mailto:info@acdhelp.com)

Tel: 01803 606974