

JOINT TRAINING APPLICATION FORM

Course Title				
Course Date				
Your Name (please print)				
Personal / ESR Number (PCT, NHS Foundation & Shrops Council)				
Job Title (state if family carer / service user)				
Are you are registered nurse? please circle	YES / NO			
Agency please circle (i.e. who you are employed by)	Shropshire Council	Shropshire PCT	T&W Council	T&W PCT
	Acute Hospital	Voluntary	Housing	Independent sector
	NHS Foundation Trust	Service User via Direct Payments Act 1996		Unpaid Family Carer
Directorate (PCT, Hospital & Shropshire Council only)				
Service Area (please circle, people you mainly work with)	Adult Learning Disability		Adult Mental Health	
	Older / Disabled / Sensory Impaired		Substance Misuse	
Workplace (Establishment Name & full address please)				
Invoice Address (if different from above)				
Home address (only for Family Carers and Service Users)				
Contact Telephone Number				
E-mail (courses & further information may be confirmed by e-mail)				
Please state any specific needs e.g. Disability, Communication				
Signature of Applicant				
Line Manager Name (please print)			Line Manager Signature	

For Shropshire Council Employees only – MUST BE COMPLETED

Cost Code		Subjective	
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Please return this form to:-

**Course Administrator, Social Care & Health Training, Community Services Directorate,
Shropshire Council, Bourne House, Radbrook Complex, Shrewsbury SY3 9BL**

Tel (01743) 254 731 or 254 732 or 254 734 Fax (01743) 254 738

E-mail:- joint.training@shropshire.gov.uk