

**Learning and Development Course Booking**

**Expression of Interest Form**

Your place will be confirmed once you have completed and returned this form (subject to availability, places are allocated on a first come, first served basis).

Completing this form also allows the course facilitator to ensure the content of the course will meet your require needs.

**If you are no longer to attend this course, please ensure you contact Learning and Development to cancel your place, along with the reason for your cancellation.**

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| --- | --- |
| Name of staff member requesting place: |  |
| Mobile Number:(This is will be used to send you a text reminder for the course) |  |
| Ward / Department: |  | **Division:** |  |
| Line Manager Name: |  | **Has this been agreed with your manager?** | Yes/ No |
| Course: |  | **Date:** |  |
| I can confirm I am fully compliant with my mandatory training (note the L&D admin team will check this before confirming your place) | Yes/ No |

Please include a brief outline for your reason for wishing to attend this course

Please tick / highlight the reason for requesting a place on this course:

* Personal interest
* Professional / career development
* Identified in appraisal as a development need
* Required to meet the job description for your role
* Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick / highlight where you heard about this course:

* L&D Newsletter
* Line Manager
* Word of mouth
* Twitter
* Via attendance on another course
* Intranet
* Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any additional requirements when attending this course? If yes, please detail below:

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Once complete, please return this form by email to learninganddevelopmentdepartment@liverpoolft.nhs.uk

Your place will be confirmed by a calendar invite to yourself, as well as an email to you and your line manager.