**Training Nomination Form**

Course applicant details:*to be completed by the nominee*

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Email address** |  |
| **Telephone** |  |
| **Local authority** |  |
| **Date** |  |

Do you have any dietary, communication or mobility needs which you would like the course organisers to know? If yes, please advise what support you require for this training.

Line manager’s details: *to be completed by your line manager*

|  |  |
| --- | --- |
| **Line manager’s name** |  |
| **Line manager’s designation** |  |
| **Line manager’s email address** |  |

|  |  |  |
| --- | --- | --- |
| **Please indicate whether this nomination and the learning outcomes of the course have been discussed with the nominee.** | **Yes** | **No** |

Effective Facilitation Skills For Trainers is for people who are in a training role, about to move into one or who wish to develop their career in training. Please indicate which best describes the nominee.

|  |  |  |
| --- | --- | --- |
| **Currently in a training role** | **Yes** | **No** |
| **About to move into a training role** | **Yes** | **No** |
| **Wishing to move into a training role** | **Yes** | **No** |