**Training Application Form**

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| **Name of the training course you are applying for:** |
| Date of course: |
| Venue: |
| Please note: If you are applying for *Behaviour Change Training Module 2 or 3 or Violence Against Women Level 2 training, please note that you* ***must*** *previously have attended Module/ Level 1* |

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| Name: |
| Job Title: |
| Employer: |
| Work contact address: |
| Postcode: |
| E-mail Address:  *(email is our main form of contact – please use an email address that you check regularly)* |
| Telephone number: |
| **Name and address of your line manager** |
| Name: |
| Work contact address: |
| Telephone Number: |

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| **It would be helpful if you could tell us why you are interested in this course (optional):** |

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| Specific access requirements, including alternative formats:    How did you hear about this training course? |

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| **Data Protection**  Information gathered from this form will only be used for the administration and evaluation of the services provided by the Health Improvement Training Team. We may contact you in future to evaluate the impact of the training. The data will not be shared further unless required by law. If you no longer wish your details to be held, please contact us at:  [high-uhb.healthimprovementtraining@nhs.net](mailto:high-uhb.healthimprovementtraining@nhs.net)  The box below **must** be ticked to give us explicit consent to hold your information:  I consent to my information being held for administration and evaluation of the services provided by the Health Improvement training team and to being contacted in relation to these.  And I understand that I can withdraw my consent at any time.  For details of NHS Highland’s Privacy policy, please see: <http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx> |
| **Please return to:**  **Post:** Course Administrator, Public Health Department, NHS Highland, Larch House, Stoneyfield Business Park, Inverness IV2 7PA.  **Email:** [high-uhb.healthimprovementtraining@nhs.net](mailto:high-uhb.healthimprovementtraining@nhs.net) |