



Brothers of Charity Services Merseyside TRAINING APPLICATION FORM

Revised: 31 August 2007

☎ x.255 / 221 ✉ training@brothersofcharity.org.uk

Name of Delegate	
Workplace	
Locality	
Date of Application	

Course Title	
Course Date	
Alternative Date	

Attendance of this session is requested by:	<input type="checkbox"/> The applicant <input type="checkbox"/> The applicants line manager <input type="checkbox"/> Both the applicant and line manager / APR <input type="checkbox"/> Locality manager / director / other
The reason for nominating this applicant is:	<input type="checkbox"/> This is mandatory training <input type="checkbox"/> To develop new skills & knowledge <input type="checkbox"/> To update current skills & knowledge <input type="checkbox"/> Change in role / responsibility

Name of person making booking	
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Signature of person making booking	
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Delegate's Signature	
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**It is important that all delegates arrive for training on time
Latecomers may not be admitted and lose that days pay**

EXTERNAL TRAINING

If you are applying for external training please complete the following sections

Training provider	
Course fees	

If the details regarding this course were not circulated by the training department please attach the information you have to this form