***ACS Learning and Development***

***Event Booking Form***

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| **User Guidance Notes** |
| * *Please fully complete this form in BLOCK CAPITALS*
* *Places are not automatically provided upon completion of this form – confirmation of a place will be sent to the email address provided.*
* *Emailed forms will only be accepted if they have been forwarded to us by your Line Manager (confirming agreement and authorisation of attendance)*
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| **Event Title:** | **First Preferred Date** |
|  |  |  |  |  |  |  |  |  |
| **Second Preferred Date** |
| ***Please ensure you have checked the course content and target audience to be certain that this course is suitable for you*** |  |  |  |  |  |  |  |  |
| **Previous Training:**  |
| Please indicate when (if ever) you last received training in this topic/subject*If you cannot recall the exact date please indicate an approximate month/year* | Date: |
| Please advise who delivered this training: |

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| **Attendee Details - Please ensure this section is fully completed** |
| Title |  | First name |  |
| Last Name |  |
| Personnel Number: **(applicable to HCC staff)** |  |
| Job Title/Position |  |
| Organisation Name |  |
| Organisation Address |  |
| Email Address: |  | Phone Number |  |
| Managers Email: |  |

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| **Additional requirements**  |
| If you have additional needs or require reasonable adjustments contact acslearninganddevelopment@hertfordshire.gov.uk |

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| **Please explain why you require this training** |
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| **Attendee and Line Manager Agreement and Authorisation** |
| **Please note that by submitting an application for this course, you have accepted the terms of the ‘Charges for Non Attendance on Courses’ policy. Please contact pvi.learning@hertfordshire.gov.uk for a copy of this policy.** |
| **Attendee** | **Line Manager** |
| I confirm that I have read the course outline and meet any pre-attendance requirements of the course, where these are necessary and specified for participation. | I confirm that this course supports the attendee’s learning and development needs and that they will be supported in applying the learning in relation to their job responsibilities. |
| Signature |  | Signature |  |
| Print Name |  | Print Name |  |
| Date |  |  |  |  |  |  |  |  | Date |  |  |  |  |  |  |  |  |

**Please return completed forms to:**

ACS Learning and Development

acslearninganddevelopment@hertfordshire.gov.uk