

Application Form

Fill in black ink using block capitals - Please read the terms and conditions before applying
 A separate form is required for each training course

Course Title:.....		Course Date:.....	
Name: <input type="text"/> <input type="text"/>		Occupation/Job Title:.....	
Please print your name clearly as the name that appears above will be the one used on your certificate			
Group/Organisation:		Tel No.: <input type="text"/>	
Address:.....		Fax No.: <input type="text"/>	
Post Code:.....		Mobile: <input type="text"/>	
		Email: <input type="text"/> <input type="text"/>	
Management Approval:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
I confirm that I support this application. I will ensure the applicant is freed from his/her normal duties in order to attend.			
NB: If you require more than 2 individuals from your organisation to attend a particular training, please contact us.			
Manager's Email	<input type="text"/> <input type="text"/>		
Candidate Agreement:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
I confirm that I have read, agree with and understand the MPHDS Training Programme Terms and Conditions			
How did you find out about this course?	Via Email Marketing Self Inquiry MPHDS Website Other Please state.....	Via colleague/Line Manager Contacted by Course Trainer Poster/Flyer	
Special Needs Requirements In order to help us to plan appropriate aids and adaptations to enable staff with a disability to attend training courses, please state in the box below any equipment or help you may require. e.g. mobility requirements, portable loop system; electronic handouts; handouts printed on coloured paper; Braille etc			
Reason for Applying (provided to trainers prior to the course to allow them to gain an understanding of your need and where possible to best tailor the course to your requirements)			
Why have you applied for this course?			
Please list 3 objectives you wish to achieve from attending this course	1. 2. 3.		
There are different administrators for different courses, please send your application form to the appropriate administrator			
Section	Administrator	Base	
Mental Health	Madge Strong	Victoria Mill 0161 861 2547	
Physical Activity, Healthy Eating, Cancer Prevention, Oral Health and Public Health Skills	Ruhana Miah	Fallowfield Library 0161 248 1766	
Sexual Health & Harm Reduction	Kellie McGuire	Fallowfield Library 0161 248 1750	
Stop Smoking	Michelle Dooley	Victoria Mill 0161 861 2587	
Victoria Mill Manchester Public Health Development Service Lower Vickers Street, Miles Platting, Manchester, M40 7LJ Tel: 0161 861 2546 (Switchboard) Fax: 0161 203 5817		Fallowfield Library Manchester Public Health Development Service 1st Floor Fallowfield Library, Platt Lane, Fallowfield, Manchester, M14 7FB Tel: 0161 248 1767 (Switchboard) Fax: 0161 248 1751	