

**PHR005A
LEARNING & DEVELOPMENT EVENT
BOOKING FORM
(HCC COURSES)**



User Guidance Notes

- This form is only for use by those staff who do not have access to ESS
- Please fully complete this form in block capitals and send to either:
For HertsHR L&OD courses, by email to hertsshr.lod@hertfordshire.gov.uk or by post to: HertsHR Learning & Organisational Development, CH0342, County Hall, Pegs Lane, Hertford, SG13 8DQ
For HCS, by email to practice.development@hertfordshire.gov.uk and CS courses, by email to CSTraining@hertfordshire.gov.uk or by post to: Adult & Children's Services Workforce Development, SFAR210, Farnham House, Six Hills Way, Stevenage, SG1 2FQ
 - Attendees and their Line Managers should refer to the course content information to ensure that any basic skills / experience requirements are met and that the course is suitable
 - Please note that failure to attend or cancel your course place beforehand may affect your selection for future courses and incur a cancellation fee – see the Terms and Conditions for Training Courses page on Compass
 - Places are not automatically provided upon completion of this form – confirmation of a place will be sent to the individual
 - To contact your Learning and Development team, phone Ask Us Comnet 25000 or 01992 555000

Event Title	First Preferred Date										
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	Second Preferred Date										
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Refresher or Modular Courses

Please state the date the attendee attended the introduction training or previous refresher, or the link module where appropriate

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Attendee Details

Internal Attendee (for HCC employees)	
Title	Personnel number
First name	Telephone number
Last Name	Fax number
Email address	
Position	
Department	

External Attendee (for non-HCC attendees) Please ensure this section is fully completed

Title	First name
Last Name	
Company name	
House name/number	Street
Town/City	County
Telephone number	Post Code
Fax number	Contact Name

Email Address	
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Briefly Describe Your Role

DSO within multi-purpose day service

What do you hope to get from this Event?

Refresher

To help Us Meet Your Needs

Please tick (✓) if you require any of the following to ensure you can play a full part and learn on the programme.

- Disabled parking space
- Wheelchair access
- Sign language interpreter
- Lip Speaker
- Induction loop
- Information on tape
- Information in Braille
- Helper attending
- Dietary requirements (please give details below)
- Any other requirements, eg Dyslexia please specify:

Attendee and Line Manager Agreement and Authorisation

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			

Budget Manager Authorisation

Budget Holder	
Signature	
Print Name	
Cost Centre	