

## TSSC3 Training Request Form

### Children's Services Workforce Planning and Development

<b>COURSE DETAILS</b>			
Course Title:			
Course Code:			
<b>SETTING INFORMATION</b>			
<input type="checkbox"/> Childminder	<input type="checkbox"/> Council Staff	<input type="checkbox"/> Play/Out of School Club	<input type="checkbox"/> Nursery
<input type="checkbox"/> Playgroup	<input type="checkbox"/> School Staff	<input type="checkbox"/> Voluntary/Community	<input type="checkbox"/> Sport & Youth
School/Setting Name:			
Correspondence Address:			
Line 2			
Line 3			
Post Code			
<b>MAIN CONTACT DETAILS</b>			
First Name:		Surname:	
Job Title:			
Contact Number:		Contact Email:	
<b>ENROLMENT DETAILS</b>			
Delegate Name:		Course Date:	Email:
1.			
2.			
3.			
4.			
5.			
<p><b>Please return form to the Training Shared Service Centre (TSSC):</b>            Email: <a href="mailto:TrainingSharedServiceCentre@bolton.gov.uk">TrainingSharedServiceCentre@bolton.gov.uk</a>            Address: Castle Hill Centre, Castleton Street, Bolton BL2 2JW            Tel: 01204 337600</p> <ul style="list-style-type: none"> <li>• If the course is full, you will be contacted within 5 working days, subject to workloads.</li> <li>• Please assume you have been allocated places as requested unless you are contacted. Joining instructions will be issued 6 weeks before the course. Please ensure these are passed on to the delegates.</li> <li>• If the delegate is unable to attend please contact the TSSC.</li> <li>• All courses are subject to the cancellation policy stated in the programme and service level agreement</li> </ul>			