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|---|--|---|--|
| Name of Short Course: | | Training Date: | |
| Venue for training to be delivered at: | | | |
| Company Name: Address: | | Tel. No: Fax: email | |
| Contact person | | | |
| Booked through: | | | |
| Date Booked: | | Acknowledgement sent by: email, letter or phone call | |
| Trainer Allocated: | | | |

How many staff attending the sessions?

1. Do any of the attendees have additional requirements? i.e.- learning difficulties, writing and reading issues, dyslexia or English as a second language, disabilities that the trainer may find useful to know to adapt the session to meet their learning needs?

2. If the training is to be carried out on your premises, what area is available for training? Is it in a separate room or lounge area?, does it have plug sockets, a wall to use a projector . Do you think the area being provided will be suitable for the staff to learn in, i.e. quiet and away for the service users?

3. Please list below any additional information you wish the trainer to cover in the session? For instance, changes to the homes policy/procedure.

DECLARATION

In signing this agreement you agree to your staff attending the specific training course being run at the chosen location. Should any information change for the date of training you are required to inform the training department at BTC immediately so provisions/adjustments can be made. Also BTC are obliged to inform you immediately if there are any changes affecting the course above mentioned.
 Please be aware that charges may occur for late cancellations of the course. Late cancellation charges apply from 60 hours before course starts.
 BTC will accept charges if the course is cancelled or cannot be re scheduled for any reason on their part, but will take measures to prevent this occurring.

Authorised signatory (Name) _____ Position _____

Signed _____ Date _____

Training department representative (please print)

Signed Date

Please sign and return to the training department

| | | | |
|---|--|--------------|--|
| Enquiry Taken by: | | Date: | |
| Information entered on data base by: | | Date | |

Trainer to complete:

| Equipment Required | Date required | Date to be returned: |
|---|---------------|----------------------|
| <p>TV/DVD</p> <p>Computer</p> <p>Projector</p> <p>Screen</p> <p>Flipchart</p> <p>DVD</p> <p>Workbooks</p> <p>Resources- handouts, activities, pens, session plan</p> <p>Moving and handling equipment</p> <p>UV light for infection control</p> | | |
| <p>Additional Requirements</p> | | |

All Trainers to ensure Evaluation Forms are completed following training sessions.

Trainer to sign and verify they are responsible for equipment and delivery of training, checking workbooks and certification, in compliance with the training log form.

Trainer..... Date.....