**4 Application form for Lewisham health improvement training courses**

**Personal details**

By completing this application form you agree for Public Health to calculate statistical information for the purpose of the Health Improvement Programme Annual Training Report. You will not be identified personally. Your application will be kept on our system for a period of 3 years for the purpose of inspection by a regulatory authority.

**Please submit one application form per training course title**

**About you**

First and last name: Click here to enter text.

Organisation: Click here to enter text.

Job title: Click here to enter text.

Contact address: Click here to enter text.

Postcode: Click here to enter text. Phone: Click here to enter text.

Email: Click here to enter text.

Do you work or volunteer in the London Borough of Lewisham?

*Please tick one box only*

Yes  No

**Your application**

Course applied for: Click here to enter text.

Course date: Click here to enter a date.

Reason for attending: Click here to enter text.

Do you have any special requirements? Please specify, e.g. reduced mobility, hearing or sight impairment Click here to enter text.

How did you hear about this course? Please tick all that apply

Brochure  Flyer  Manager  Colleague  Website

Other please specify: Click here to enter text.

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Training Cost code for internal applicants only:

**This cost code will be used in case costs are incurred for late cancellation. Forms without a cost code will not be processed**

Manager/Referee’s signature: Click here to enter text. Name: Click here to enter text.

Manager/Referee’s email: Click here to enter text. Phone: Click here to enter text.

**Ethnic monitoring form**

*Please tick one box only to specify your ethnic background*

White

British Irish

Any other White background (please specify): Click here to enter text.

Mixed

White and Asian White and Black African

White and Black Caribbean

Any other Mixed background (please specify): Click here to enter text.

Asian or Asian British

Bangladeshi  Chinese

Indian  Pakistan

Any other Asian background (please specify: Click here to enter text.

Black or Black British

African  Caribbean

Any other Black background (please specify): Click here to enter text.

Other ethnic group

Any other ethnic background (please specify): Click here to enter text.

Prefer not to state

Return your completed form to: 🖰 [healthimprovement@lewisham.gov.uk](mailto:healthimprovement@lewisham.gov.uk)

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