

Application for CCT Funded Training

Name:

Date of Birth:

Address:

Day Tel:

Eve Tel:

Mobile:

Post Code:

Email:

Training Requested
(Please give any details of qualification, courses costs and locations)

Equipment required
(Trust, hired or personal)

Names and contact details of others known to want similar training:

Availability

Weekends

Weekdays

Evenings

Work Holiday

Declaration:

By applying for and accepting CCT funded Training:

A) I confirm that to the best of my knowledge that I have no illness or health problems that may affect my safe training or working.

B) I undertake to carry out voluntary work making use of the training for the Trust equivalent to one day per £50 worth of course fees within a two year period after the completion of the Course (subject to availability)