**Team Training Request Form**

**Training Information**

|  |  |
| --- | --- |
| **Subject or Course Title** (if known) |  |
| **Requirement / Aims & Objectives** (Please provide brief outline of learning need) |  |
| **Target Audience / Level** (Example: introductory/specialist/advanced or new starters /whole team awareness/ TM/ATM /Specialist Role etc.) |  |
| **Suggested Provider** (if known)**& Contact Details** |  |
| **Any Additional information** |  |

**Please remember to provide any links / flyers / course information (if known)**

**Team Details**

|  |  |
| --- | --- |
| **Service & Team** |  |
| **Manager** |  |
| **Contact email** |  |
| **Telephone number** |  |
| **Number of individuals requiring training**  |  |
| **Can everyone requiring training attend the same session?** (consider cover/service delivery requirements) | **Yes / No** **Additional comments:**  |

Signature (Team Manager)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Service Manager)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Manager Approval**

**Please send your signed form along with any attachments to**

**Children’s Services Learning & Development Team**

**Email:** **CSClearninganddevelopment@Wokingham.gov.uk**