

This form should be completed by a member of staff, attendance authorised by appropriate Associate Principal / Line Manager and then passed to Jean Wilson, Associate Principal - Quality. Staff should not book places on any programme outwith this procedure.

Name			School/Project Team	
Course/ Event				
Relating to: <b>Equalities/ Inclusion</b> - Age <input type="checkbox"/> Disability/ Additional Needs <input type="checkbox"/> Gender <input type="checkbox"/> Race <input type="checkbox"/> Religion/ Belief <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Protection of Children/ Vulnerable <input type="checkbox"/> <b>Health</b> <input type="checkbox"/> <b>Sustainability</b> <input type="checkbox"/> <b>Management</b> <input type="checkbox"/> <b>National Priorities</b> <input type="checkbox"/> <b>Community Partnerships</b> <input type="checkbox"/> <b>Employment</b> - Core Skills <input type="checkbox"/> Vocational Skills <input type="checkbox"/> Placement <input type="checkbox"/>				
Date(s) of Course			Course Duration	hrs/days/weeks
Organiser				
Venue				
Cost			Date of Application	
What do you hope to gain by attending the Course?       				
How would this benefit the College?       				
Which of your CDR Priorities should this address?       				

I agree to produce a **written report** within 10 working days of my return to College and, if appropriate, to provide SD input or a training package.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**Request for CPD Approved (Yes / No)**

**If no, reasons for Non-Approval:**

Line Manager Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for CPD Approved (Yes / No)**

**If no, reasons for Non-Approval:**

Associate Principal (Quality) Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF DEVELOPMENT RECORD**

	Date		Date
Application Received		Reservation Letter Sent	
Tel / Fax / E-mail / Online Reservation Made		Passed to Finance	
Staff Development Records Noted		Budget Updated	