



TRAINING BOOKING FORM 2008/2009

PLEASE INCLUDE A £10 CHEQUE MADE PAYABLE TO "Solihull MBC" PER COURSE REQUIRED. THIS IS A NON-REFUNDABLE BOOKING FEE FOR EVERY PLACE BOOKED.

The **maximum** number of applicants is **three** per setting, per course. All applicants must work in a **Solihull** setting. **ONE** form per student, per course. This form may be photocopied.

Course Title: _____

Course Dates: _____

2nd Choice Dates (if above unavailable) _____

Times: _____ Venue: _____

Student Name as you'd like it to appear on your certificate (please print):

Student Home Address: _____

_____ Post Code: _____

Tel: _____ Mob: _____ Email _____

(Please state times available on this number) _____

Setting: _____

_____ Postcode _____

Tel: _____ Fax: _____ Email: _____

Position Held (please tick)

Manager	<input type="checkbox"/>	Deputy Manager	<input type="checkbox"/>
Childcare Assistant	<input type="checkbox"/>	Nursery Nurse	<input type="checkbox"/>
Childminder	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

If you have any additional needs you would like support with to help you access our training, please specify below: _____

If you are undertaking an NVQ qualification or equivalent please specify below:

Should the course be cancelled at the last minute (due to, for example, adverse weather conditions or tutor illness), it might be necessary for the tutor to contact you at home, to save you a wasted journey. Please tick the following box if you would **NOT** be happy for us to pass on your home contact details to our training providers prior to the course taking place. Please tick) ✓

Additional Monitoring Questions (For statistical purposes only)

Please could you tick which statement you feel best describes your ethnic origin:

White - British		Asian or Asian British - Bangladeshi	
White - Irish		Asian or Asian British - Other	
White - Other		Black or Black British - Caribbean	
Mixed - White/Black Caribbean		Black or Black British - African	
Mixed - White/Asian		Black or Black British - Other	
Mixed - Other		Chinese	
Asian or Asian British - Indian		Other	
Asian or Asian British - Pakistani		Prefer not to say	

(Data Protection Act: This information is for internal use only, and will be held on an electronic database operated by the Early Years & Childcare Service. Any information given will be used for monitoring purposes and for statistical reporting. It will NOT be shared with any other organisation unless you give us permission to do so.)

IMPORTANT NOTICE

1. This form should reach us **AS SOON AS POSSIBLE** to avoid disappointment.
2. Completion of this form does **NOT** guarantee a place on the desired course.
3. We aim to advise you of the success or failure of your application within **10 working days** of receipt, and discuss alternative course options if necessary. If you do **NOT** hear from us by then, please **CONTACT US**, to check whether we have received it.
4. Please note that **incomplete forms will be returned to sender**, thus delaying your application.

Signed (Student) _____ Date _____

Signed (Manager) _____ Date _____

Please send booking form and cheque to:

Training Administrator, Early Years and Childcare Services, Keeper's Lodge, Chelmsley Road, Chelmsley Wood, Solihull B37 7RS

Fax: 0121 788 5392 Email: rwarren@solihull.gov.uk