

# SCWWDP Training Application Form for Social Care Training Courses



Personal Details	Course Details		
Title: Mr / Mrs / Miss / other _____ Participant Name:  (This Name will appear on your certificate)	Title of Course:		
PCC Team/Company/Organisation:	Course Date/s:		
Work Location: (Address in Full)   Postcode:	Additional Requirements e.g. disabled access, etc   Employee Number: (PCC staff only)		
Daytime Contact No:	Course Cost: (if applicable)		
e-mail: (where receipt of application is to be sent)			
(We may use this for evaluation purposes only, we will not share this with external sources)			
<p><b>Please indicate whether you are:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>PCC – CHILDREN’S SERVICES</b>  <input type="checkbox"/> <b>PCC – ADULT SERVICES</b>  <input type="checkbox"/> <b>PCC – HOUSING</b>  <input type="checkbox"/> <b>PCC – EDUCATION</b> (please note if you do not work with a Social Work team your department will be charged for your place)  <b>SW Team or Budget Code:</b> _____                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>PCC – OTHER</b> _____  <input type="checkbox"/> <b>AGENCY SOCIAL WORKER</b>  <input type="checkbox"/> <b>NHS – DEPARTMENT</b> _____  <input type="checkbox"/> <b>PRIVATE ORGANISATION</b>  <input type="checkbox"/> <b>VOLUNTARY ORGANISATION/CHARITY</b>  <input type="checkbox"/> <b>CARER PAID THROUGH DIRECT PAYMENTS</b>  <b>DP Recipient Name:</b> _____                         </td> </tr> </table>		<input type="checkbox"/> <b>PCC – CHILDREN’S SERVICES</b> <input type="checkbox"/> <b>PCC – ADULT SERVICES</b> <input type="checkbox"/> <b>PCC – HOUSING</b> <input type="checkbox"/> <b>PCC – EDUCATION</b> (please note if you do not work with a Social Work team your department will be charged for your place) <b>SW Team or Budget Code:</b> _____	<input type="checkbox"/> <b>PCC – OTHER</b> _____ <input type="checkbox"/> <b>AGENCY SOCIAL WORKER</b> <input type="checkbox"/> <b>NHS – DEPARTMENT</b> _____ <input type="checkbox"/> <b>PRIVATE ORGANISATION</b> <input type="checkbox"/> <b>VOLUNTARY ORGANISATION/CHARITY</b> <input type="checkbox"/> <b>CARER PAID THROUGH DIRECT PAYMENTS</b> <b>DP Recipient Name:</b> _____
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Participants Signature:	Date:		
Authorising Manager Name (please print):			
Authorising Manager Signature:	Date:		
Please return completed application forms to: <b>Social Care Wales Workforce Development Programme, Pembrokeshire Archives, Prendergast,                      Haverfordwest, Pembrokeshire, SA61 2PE</b>  For enquiries: <b>Tel:</b> 01437 776052 <b>e-mail:</b> <a href="mailto:scwdpTr@pembrokeshire.gov.uk">scwdpTr@pembrokeshire.gov.uk</a>			

**This item is also available in Welsh**

