

**Nomination Form for Learning and Development Events**

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| **Course Title:** | | **Course Date:** |
| **Delegate Name:**  **Tel:** | | **Staff No:** |
| **Do you have any Specific Requirements:** | | |
| **Job Title:**  **Organisation /** | | **Organisation Address:** |
| **Line Manager’s Name:**  **Email:** | | |
| **Are you a Welsh Speaker? Fluent  Not Fluent  Not a Welsh Speaker**  **Preferred language of learning? Welsh  English  Other (please specify)**  **Preferred Language for Correspondence Welsh  English** | | |
| **PLEASE TICK ONE BOX ONLY**  **I am able to read Welsh?  I am able to write in Welsh?**  **I am able to read and write in Welsh?  I am unable to read and write in Welsh?** | | |
| **Delegate’s signature:** | **Date:** | |
| By submitting this form, you are confirming that you have discussed this application with your Line Manager and have obtained their permission to proceed. Line Managers will be forwarded e-course attendance confirmations. | | |

**There is no charge for attending this event**

**Return by Email to:** [SCWDP@bridgend.gov.uk](mailto:SCWDP@bridgend.gov.uk)

**Return by Post:** Social Care Workforce Development

Level 2 Civic Offices

Bridgend County Borough Council

Angel Street

Bridgend

CF31 4WB