

**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

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

Level 2 Civic Offices

Bridgend County Borough Council

Angel Street

Bridgend

CF31 4WB