**LEARNING & EDUCATION SERVICE TRAINING COURSE NOMINATION FORM**

Want to find out more about L&E courses? Check out our [Training Calendar](file:///\\XGGC.SCOT.NHS.UK\GGCData\FolderRedirects\GRI5\WATTCL4985\Pages\TrainingCalendarAtoZindex.aspx)

# SECTION (A) COURSE DETAILS

**(Please indicate your preferred 1st and 2nd choice in the table below)**

Course Name

Ist Preferred Course Date

2nd Preferred Course Date

# SECTION (B) DELEGATE DETAILS

**Please enter your name as it appears on your payslip**

Surname:       Forename(s)

Internal E-Mail Address:

Payroll Number or DOB:

Managers Name:

Manager’s E-Mail

**We require your payroll number or date of birth to enable your booking form to be processed**

Has your attendance on this course been agreed with your Line Manager Yes  No

Please give details of any support needs/requirements e.g wheelchair access, large print etc

**Submission of this Nomination Form does not guarantee a place on the requested course.**

**Confirmation of a place will be forwarded to you when the Nomination Form has been processed.**

When completed please return as follows:

**Electronic version** by e-mail to: [LE.Support@ggc.scot.nhs.uk](mailto:LE.Support@ggc.scot.nhs.uk)

**Post version:** Learning and Education Service,HR and OD – Organisational Effectiveness

NHS Greater Glasgow and Clyde

West Glasgow ACH, Dalnair Street, Yorkhill, Glasgow G3 8SJ

THIS FORM IS AVAILABLE IN LARGE PRINT OR OTHER FORMATS IF REQUIRED