

LEARNING & EDUCATION SERVICE TRAINING COURSE NOMINATION FORM

Want to find out more about L&E courses? Check out our [Training Calendar](#)

SECTION (A) COURSE DETAILS

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

Course Name

1st 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:

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

Directorate/Partnership/Sector

Managers Name:

Manager's E-Mail

Section C - Evaluation

You will need to seek your manager's views in order to complete this section of the form. This will allow the Learning and Education Team to fully evaluate the training intervention/ programme as well as impact on the service. **Please note these questions are mandatory.**

1. Why have you identified this training intervention/programme as a development need?
2. What personal learning outcomes do you wish to achieve and have agreed with your manager?
3. How will you measure if the training intervention/programme has made a difference?

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

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 - click Submit

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