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| **CPD Application for Funding**  **for**  **Skills & Employment Staff & Adult Education Sub-Contracted Staff** |

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| **For Office Use Only**:  Agree to fund: Yes / No / More details needed  Authorising Officer Signature:  Total Value: £  Date: |

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| Applicant Details  **Name:**  **Job Role:**  **Email/Mobile Tel contact:**  **If sub-contracted Adult Education Partner – Name and address of subcontractor:** |

Course/Conference/Activity Details

Title of Activity:

**Start and End Dates: No of hours:**

**Activity Cost:**

**Travel Cost:**

**Miscellaneous Costs:**

**Total cost applied for:**

**Why is this training required?** Please state objectives and specific skills/knowledge that delegates will acquire.

Yes / No

**Activity Programme / Agenda / Itinerary attached:**

Payment Details – how will the activity be paid for:

CW&C Finance Officer to use P Card to pay for activity: Yes/No

Or

Name of contact person at provider that will   
invoice Local Authority for full training cost:

Contact Details:

Tel:

Email:

**Form Submitted by: Date:**

For any additional guidance/information please contact your CW&C Adult Education Development Officer  
  
Please email completed form to: benjamin.watts@cheshirewest.gov.uk

**Conditions of booking:**

* Applications must be supported by activities details and full costing information
* The activity must be related to the job role and relevant to Skills & Employment priorities
* Any booking will be considered provisional until this application has been approved
* Data Protection: The information supplied on this booking form will be retained, unless instructed otherwise, on our CPD database and will be used for all legitimate purposes in connection with the administration and marketing of our CPD programme.