

**SUBMIT THIS APPLICATION BY EMAIL TO  
[coursesforcare@brighton-hove.gov.uk](mailto:coursesforcare@brighton-hove.gov.uk)**

<b>Course Title:</b>	<b>Preferred Date:</b>
<b>Name:</b>	<b>Line Manager:</b>
<b>Job Title:</b>	<b>Workplace:</b>
<b>Address:</b>	<b>Tel:</b>
	<b>e-mail:</b>
	<b>I would like notification by e-mail</b>
<b>Service Area:</b>	<b>Other:</b>
<b>Monitoring</b> Do you consider yourself to have a disability? Do you have any particular requirements? If yes, please provide details:	
<b>Please note we will positively shortlist applicants who identify themselves as having a disability</b> <b>Shortlisting: (Please use this space to detail why you need to attend this training)</b>	
<b>Ethnicity</b>	
<b>Age Range</b>	<b>Gender</b>

**Charging Policy Notice:** A £50 charge will be levied on non-attendance or late cancellation that results in a lost place (notice less than 5 working days). Substitution of staff at late notice is acceptable.

**Cost Code:**

**Budget Manager:**

I have read and agree to the above charging policy notice

**Date:**

**All of the above must be completed accurately or your form will be returned**

**As part of the council's sustainability policy we are only accepting electronic copies of application forms. Please attach this form to an email.**

Email: [coursesforcare@brighton-hove.gov.uk](mailto:coursesforcare@brighton-hove.gov.uk)