

Course Title:		Preferred date:* <i>(If advertised)</i>		<i>* It may not always be possible to give you your preferred date; once you have been allocated a place you will receive confirmation</i>
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EXTERNAL EMPLOYER DETAILS

Name of Organisation: <i>(Essential)</i>		Address of Organisation: <i>(Including Postcode)</i>	
Which Sector are you in?		Which Area are you in?	What is your main client group?

COMPLETION FOR EXTERNAL APPLICANT(S)

First Name	Last Name	E-mail:	Job Title:	Job Group <i>(Please select)</i>	Preferred language of delivery: (*)	Additional requirements: <i>E.g. access, diet etc.</i>

COMPLETION BY LINE MANAGER

Name:		Job Title:	
E-mail:		Tel No:	
Line Manager Signature:		Date:	
COURSE COSTS: <i>If this course has a cost attached, the following MUST be completed</i>			
Confirm approval by Budget Manager:		Total Cost: (for all applicants)	

Please send the completed Application Form to: LearningandDevelopment@carmarthenshire.gov.uk

If you require this form in another format, please contact the Learning & Development Team, First floor, Building 2, St David's Park, Jobswell Road, Carmarthen, SA31 3HB

(*) These fields are mandatory for Equalities Monitoring