

Application for SLD Training Accredited Trainer

Role Details	
Job Title:	Trainer
Responsible to:	Business Manager
Duration:	One year initially, subject to annual review
	£500.00 per day + reasonable travel expenses
Please complete the below application form	
Programme: Please select the programme(s) you are applying to:	
Date of Application:	
Full Name:	
Address: (Including Postcode)	
Email Address:	
Telephone Number:	
Reference 1: At least one of your referees must know you in a professional capacity.	Name:
	Position:
	Email Address:
	Phone Number:
Reference 2:	Name:
	Position:
	Email Address:
	Phone Number:
Registered Health Professional Please supply the name of your membership organisation and registration number i.e.	Yes No

<p>GMC/NMC registration no.</p>	
<p>Academic Qualifications</p>	
<p>Current Employment and Clinical Experience</p>	
<p>Teaching Experience and any Relevant Qualifications</p>	
<p>Please list all Accredited Certificate programmes that you have completed.</p> <p>Note: You can only deliver the training if you have completed the course to be trained.</p> <p>Please state date of completion and where the programme was delivered.</p>	

Why do you want to become a trainer?

No more than 500 words

Please sign your application here:

Once you have completed this application form, please send this along with your CV to hello@sldtraining.co.uk.

Thank you.

For office use only	
Review Date	
Action 1	
Action 2	
Approved	