

Application for SLD Training SMAH Approved Trainer

1. ROLE DETAILS	
Job Title:	Trainer
Responsible to:	Business Manager
Duration:	One year initially, subject to annual review
Remuneration:	£500 per day + reasonable travel expenses

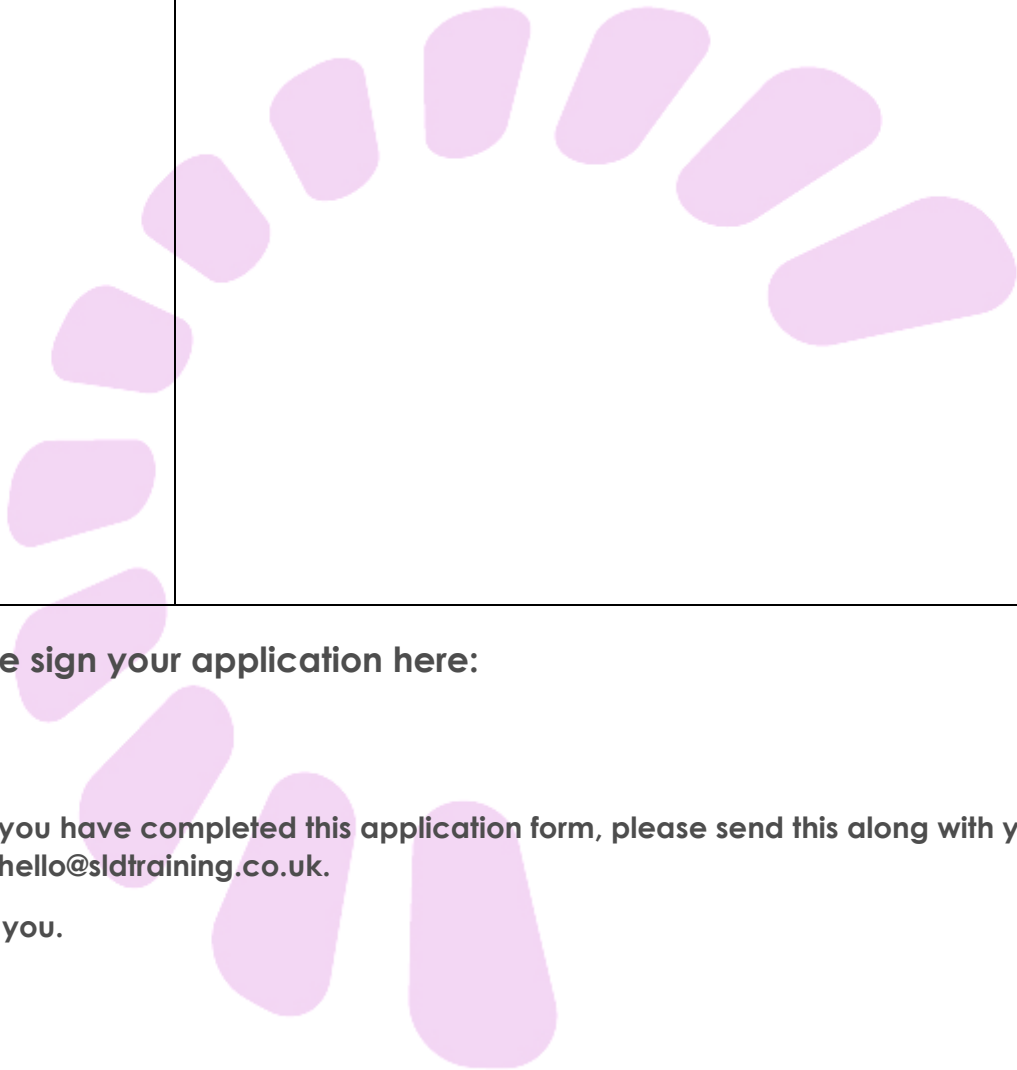
Please fill in the below application:

Programme: Please tick the programme/s you are applying for.	RCGP Drug Misuse Part 1: Generic	
	RCGP Drug Misuse Part 1: Secure Environment	
	RCGP Drug Misuse Part 1+	
	RCGP Alcohol Problems in Primary Care	
Date of Application:		
NAME:		
ADDRESS (including postcode)		
E-MAIL 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. GMC/NMC registration no.	Yes No
ACADEMIC QUALIFICATIONS	
CURRENT EMPLOYMENT AND CLINICAL EXPERIENCE	
TEACHING EXPERIENCE AND ANY RELEVANT QUALIFICATIONS	
PLEASE LIST ALL RCGP SMAH CERTIFICATE PROGRAMMES THAT YOU HAVE COMPLETED Please state date of completion and where the programme was delivered.	

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.

Office Use Only	
Review Date	
Action 1	
Action 2	
Approved	