

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 (pro-rated) + 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Name:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Position:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Email Address:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Phone Number:</td> <td style="padding: 5px;"></td> </tr> </table>	Name:		Position:		Email Address:		Phone Number:	
Name:									
Position:									
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Phone Number:									
Reference 2:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Name:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Position:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Email Address:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Phone Number:</td> <td style="padding: 5px;"></td> </tr> </table>	Name:		Position:		Email Address:		Phone Number:	
Name:									
Position:									
Email Address:									
Phone Number:									
Registered Health Professional Please supply the name of your membership organisation and registration number i.e.	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Yes</td> <td style="width: 50%; text-align: center; padding: 5px;">No</td> </tr> </table>	Yes	No						
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	