



Application for SLD Training Accredited Trainer

Role Details		
Job Title	Trainer	
Responsible to	Head of operations	
Duration	One year initially, subject to annual review	
Fees	£550.00 per day (pro-rated) + reasonable travel expenses	
Please complete the below application form		
Courses: Please select the course(s) you are applying to:	Please select Please select Please select Please select	
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. GMC/NMC/GPhC registration no.	Yes ☐ No ☐
Academic Qualifications	
Current employment and clinical experience	
Teaching experience and any relevant qualifications	
Please list all Accredited Certificate courses that you have completed. Note: You can only deliver the training if you have completed the course to be trained. Please state date of completion and where the course 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.

For office use only	
Review Date	
Action 1	
Action 2	
Approved	