

CORPORATE TRAINING BOOKING FORM

(TBFC)

Prior to completing this booking form, please contact the Training & Development Team to check that there are places available on the course that you want to attend. Where a place is available, a provisional booking will be made on your behalf.

Once a provisional booking has been made, you will need to meet with your line manager to complete this booking form together with *Section 1 (Setting training objectives)*

Your place on the course is provisional until the Training & Development Team has received the completed booking form. At which point a confirmation letter and further course details will be sent to you.

Section 1 (*Setting training objectives*) and Section 2 (*Training review*) needs to be held by the Line Manager until the agreed training review date. When completed, please return to the Training & Development team

The information you provide on these forms will be handled securely under the provisions of the Data Protection Act 1998 and will be used to update bookings and training records, and statistical purposes only.

| | |
|------------------------|-----------------------------|
| Name: | Department / Service: |
| Training Course: | Course Date: |

Do you have any special requirements or disabilities that need to be taken into consideration?

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.....

Please provide any other information that the trainer needs to be aware of:

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.....

Terms and Conditions:

The place on the training event is provisional until the Training & Development team receive this booking form. This must be received PRIOR to the training event or a place will not be reserved for you on the day.

It is important that you advise us as soon as possible if you are unable to attend for any reason. If you have not advised us within 2 days of the course commencing, non-attendance on the day itself may, depending on the circumstances, result in a charge being made to your department to cover any costs incurred.

Line Manager:

I have met with the employee to discuss the training objectives detailed in section 1 of Training Objectives and Review form, and I have read and agree to the terms and conditions above.

I am meeting with the employee to review the training event using section 2 on: / /

Signature: **Name:**

Participant:

I agree with the training objectives that have been set for this training / development activity and understand that 3 months after the event on the date specified in Section1, I will be required to discuss how far these objectives have been achieved with my Manager.

I have read and agree to the terms and conditions overleaf.

Signature: **Date:** / /

SPECIAL REQUIREMENTS

Teignbridge District Council and South Hams District Council are committed to making their services fully accessible to all service users in line with the Disability Discrimination Act.

Old Forde House, however, is a listed and historic building, has many rooms, which are only accessible via a number of stairs.

If you have mobility needs or use a wheelchair please note you may have difficulties entering Old Forde House.

If you have visual impairments documentation can be produced in a different format.

Please contact Pete Whateley (01626 215185) or Jo Dumas (01626 215139) and advise if you have any special requirements.

*Complete and return this booking form to:
The Training & Development team, Training Centre, Old Forde House, Newton Abbot*

Section 1 - Setting Training Objectives

CORPORATE TRAINING OBJECTIVES & REVIEW FORM

This form is in two sections.

Section 1: TRAINING OBJECTIVES is for the employee to complete and discuss and agree a review date for section 2 with their line manager in conjunction to completing the booking form. *The line manager needs to hold on to Section 1 until completion of Section 2.*

Section 2: TRAINING REVIEW is used by the line manager and employee to discuss the outcomes of the training after it has happened. *Complete Section 2 on the agreed review date and then return both sections to the Training & Development Team, Old Forde House.*

Name: **Department / Service:**

Training requested: **Date of training:**

Is this a qualification training event? Y/N

If so you will also need to complete a formal agreement form – available from the Training & Development team or Intranet

Is this training event for CPD purposes? Y/N

Training Objectives

Please discuss and agree the reasons for the training and what you expect to be able to do, do differently, do better after the training. Also highlight how the training relates to organisational or service objectives.

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Line Manager:

The agreed date for line manager and employee to review training 3mths after training event and complete Schedule 2 is:

..... / / *

Signature:

Name: **Date** / /

Participant:

I agree with the training objectives that have been set for this training / development activity and understand that 3 months after the event on the date specified above *, I will be required to discuss how far they have been achieved with my Manager

Signature: **Date** / /

Section 2 - Training Review

CORPORATE TRAINING REVIEW

Training Event:

Name:

Department / Service:

This section is to be completed approximately 3 months after the training event and will help you to discuss the effectiveness of the training you have undertaken and consider how you will apply your new learning in the workplace

Please tick ratings 4 – 1 as appropriate

1) Did the training meet its stated objectives?

Fully met

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

2) Which of your personal objectives from Section 1 did the training meet?

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.....
.....

2a) To what extent were they met ?

Fully met

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

3) What will you now do differently or better as a result of the training?

.....
.....
.....

3a) How beneficial are these changes / improvements?

Very

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

4) What help do you need to be able to put into practice what you have learnt?

.....
.....

4a) How easy is it to put what you have learnt into practice?

Very

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

5) How are you going to share the information gained from this training, with your colleagues?

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.....

5a) How straightforward will it be to share this information?

Very

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

6) When and how will the effects of the learning be assessed?

.....
.....

6a) How beneficial has the effect of this learning been so far?

Very

| | | | |
|---|---|---|---|
| 4 | 3 | 2 | 1 |
|---|---|---|---|

 Not at all

7) Other comments:

.....
.....

Line Manager Signature:

Date:

Employee Signature:

Date: