**Advanced Health and Wellbeing Training Programme – Expression of Interest**

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| **Name** |  |
| **Job title** |  |
| **Organisation** |  |
| **Email address** |  |
| **Telephone number** |  |
| **How did you find out about this course?** |  |

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| **Is your service in receipt of Public Health funding? If yes, please provide name of contract if known.** |  |
| **Does your manager support your application to the programme and attendance to all training dates, and are they aware of the £80 attendance fee?** |  |
| **Please let us know if the attendance fee would present a significant barrier to you attending. We may be able to provide support with this.** |  |

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| **Application statement**  (Please provide details about why you wish to attend the programme and what you hope to gain from it) |