

So You Want To Be A Manager

Workshop programme



Application Form

Section 1: Biographical details and expectations of the applicant

1. Contact information

(Please complete this section in BLOCK CAPITALS)

Title (Mr/Ms etc)	First name	Surname
Job Title		
Length of time in current job		
Organisation		
Address		
Postcode		
Telephone	Fax	
E-mail		
Address for invoice (if different to above)		

2. Special needs

Please tick if applicable

Wheelchair access
Sign language
interpreter

Loop system

3. Employment history

Organisation	Position held	Dates

5. Reasons for wanting to attend the workshops

My reasons for wanting a place:
I think I could contribute the following:

I will know the workshops have helped my development if:

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Section 2: Line management statement of support

Research into effective development shows that the involvement and support of senior staff within the organisation are critical to ensure that the skills, enhanced and acquired as a result of attending development training, are put to practical use and transferred to the organisations.

Line Managers' statement of support

- I have read the completed application form for _____
- I agree to encourage and support the above named during the programme of workshops in order to maximise the learning experience and the subsequent benefits to the organisation
- I agree to assist in the follow-up evaluation (through completion of questionnaire) of the benefits to, and impact on, the organisation and the participant

Name of line manager (print)

Signature of line manager _____

Date _____

Please post to Carol Marsh, Office Manager, LDAN, c/o DrugScope, Suite 204, 2nd Floor, Prince Consort House, 109-111 Farringdon Road, London EC1R 3BW, e-mail to carolm@drugscope.org.uk, or fax to 020 7520 7555.