



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Application Form for Health Promotion & Improvement
Foundation Programme in Sexual Health Promotion Training 2016**
Please complete application form in BLOCK CAPITALS

Training Detail

Please photocopy form as required

Name of Training:

Date of Training:

Demographics

Name:

Job Title:

Name of Organisation/Community Group:

If HSE Staff please outline discipline: _____

Work Address:

Confirmation details will be sent to your email address. Please indicate if you wish confirmation details to be posted to your contact address by ticking box ☐

Contact Tel/MobileNo.

Email:

In case of emergency contact name: _____ Contact Tel: _____

Do you have any special access requirements? Yes ☐ NO ☐

Please explain _____

Please list the target group with whom you intend to use the skills/information from this training:

Young parents ☐ Older people ☐ Ethnic group ☐ Men ☐ Women ☐ Babies/Children ☐ Other ☐

(Please specify) _____

Please outline in less than 200 words what prompted you to apply for this course and how you feel you may utilise the learning in your work setting? Please note your application will not be processed unless this is completed. **(Please attach extra sheet if more space required, typed.)**

Are you a Line Manager: Yes ☐ NO ☐

If no, please ensure your line manager completes the manager section below as approval for you to attend this training course.

Managers

Name: _____ **Email Address:** _____

Details

Telephone No: _____ **Signature:** _____

Please return completed form to:

Mr Ray Madden , HSE Sexual Health and Crisis Pregnancy Programme, 4th Floor, 89-94 Capel Street, Dublin 1