

# Health Improvement training programme



Fife Health & Wellbeing Alliance... Strengthening Fife's Future



## play@home Training for Trainers Fife

### *Application Form*

I wish to be considered for a place on the play@home Training for Trainers Fife course.

Name	.....	
Job Title	.....	
Manager's Name	.....	
Manager's Job Title	.....	
Organisation	.....	
Address	.....	
	.....	
Town	.....	Postcode .....
Tel Nos	.....	Email .....

**Please provide a brief outline of your current post and how delivering this course would fit into your remit.**

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**Please give your reasons for wanting to do the training.**

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**What experience do you have of delivering training to other groups?**

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**How will you deliver the play@home training to others?**

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**Potential candidates should be able to demonstrate a commitment to equal opportunities and anti-discriminatory practice as well as a genuine desire to build capacity through delivering the training. Please indicate how you and your organisation can demonstrate these values?**

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**Please outline the arrangements that would be put in place from your manager/organisation to support you in this role.**

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In attending the play@home trainer programme I recognise that there is a **commitment to deliver (or co-deliver)** a minimum of two play@home training sessions over a 12 month period.

Applicant's Signature ..... Date .....

## **\*\*To be completed by Line Manager:**

I fully support this application for the play@home trainer programme and recognise that there is a **commitment to deliver (or co-deliver)** to colleagues a minimum of two play@home training sessions over a 12 month period

Manager's Signature ..... Date .....

## **Please complete and return this form to:**

Laura Petrie  
Physical Activity Coordinator: Early Years & Childhood  
Health Promotion Fife  
Haig House  
Cameron Hospital  
LEVEN  
KY8 5RA

**By Friday 18<sup>th</sup> September 2015**