

# Training for Trainers Application Form

**Making Group work More Effective & Developing Facilitation Skills**  
**Training for Trainers**  
**26<sup>th</sup>, 27<sup>th</sup> & 28<sup>th</sup> May 2015**  
**The Bay Hotel, Kinghorn**

Name: .....

Job Title: .....

Manager's Name: .....

Manager's Job Title: .....

Organisation: .....

Address: .....

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Town: ..... Postcode: .....

Tel No: ..... Email: .....

**Brief outline of your current post and how you see this course fitting in to your present remit:**

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

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**Describe your experience of group facilitation or training:**

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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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Applicant's Signature: .....

Date: .....

Manager's Signature: .....

Date: .....

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

Kelly Smith  
Mental Health Promotion Training Coordinator  
Health Promotion Fife  
Cameron Hospital  
Haig House  
Windygates  
KY8 5RG

[kelly.smith38@nhs.net](mailto:kelly.smith38@nhs.net)

