

**Training Strategy Implementation Funding
2010/11**



**FIRST AID/ ESOL/ MOVING & HANDLING/ FOOD
HYGIENE FORM**

Regional Contract No:

Lead Partner Name: Wiltshire & Swindon Care Skills Partnership

Staff Member's Name:	Staff Member's Work Role:
	Direct social care or management functions of social care
National Insurance Number: (This will only be used to identify double funding)	Employer's Name & Full Address including Postcode:
Course Attended (please indicate): ESOL FIRST AID FOOD HYGIENE MOVING & HANDLING MOVING & HANDLING OF PEOPLE	Post Code: Tel No:
Name of awarding body the course is validated by (e.g. St Johns Ambulance, CIEH, HSE etc):	Date Accredited Course Completed:

**PLEASE ATTACH THE CERTIFICATE AWARDED AS
PART OF EVIDENCE**

Claims will **NOT** be accepted without this.

Please return (no later than 25th March 2011) to:

Wiltshire & Swindon Care Skills Partnership | Old Brook House | County Hall |
Bythesea Road | Trowbridge | Wiltshire | BA14 8JN