



bucks
new university



***Application Form to attend the Work Based Learning Course
(Enabling and Supporting Learners in the Workplace)***

Name of Candidate:

Please reserve me a place on:

DATE: (Day one only)

Or DATES (All three days)

(Day One can be attended as a stand-alone information day for experienced supervisors and assessors/practice teachers. If you are new to offering placements you should attend all three days.)

Previous experience of working with students:

None

**Name of Organisation
(If any)**

Name of Team and Address

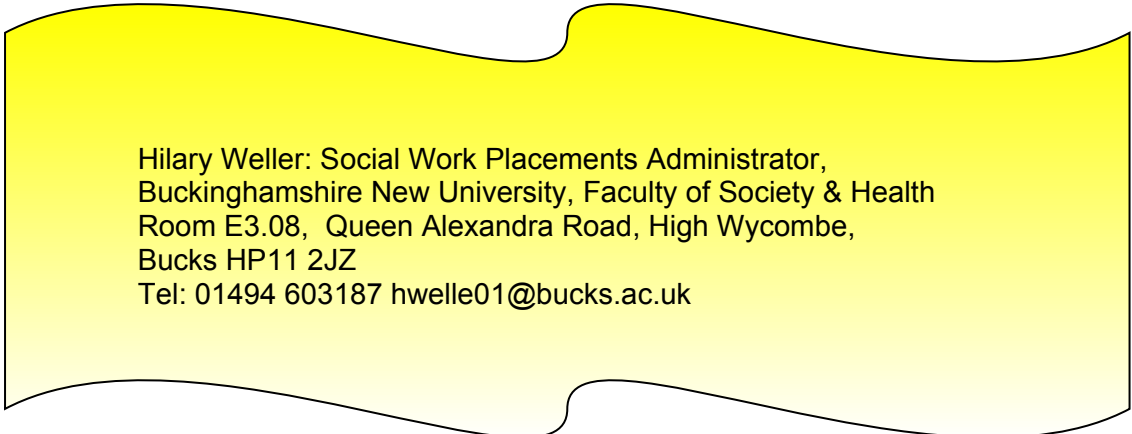
Contact details: (telephone and e-mail)

Current post and brief outline of opportunities for a student:

If you have a disability please let us know your parking or any other requirements.

Confirmation of agreement of manager:

Please return to the address below. You will be sent e-mail confirmation of your place on the course and joining instructions.



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