**Enrolment form: Change Management Training**

Please email your completed form to: [mlcsu.aip@nhs.net](mailto:mlcsu.aip@nhs.net)

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| **Key contact details** |
| Name: |
| Organisation: |
| Job title: |
| Email: |
| Telephone: |
| **Nature of enquiry (Please confirm Yes/No – delete as appropriate)** |
| Booking places on **Change Management Foundation** training: Yes | No |
| Booking places on **Change Management Practitioner** training: Yes | No |
| State YES to confirm that all Practitioner delegates have already achieved a pass at Foundation level: |
| Date of course if known: |
| Number of places wanted: |
| **Purchase Order Number (or cost centre if MLCSU):**  *Invoices will be issued by MLCSU after course completion, please note that cancellation within 10 days of course commencement will be charged in full. Please also be aware that providing your PO number or cost centre is confirmation that funding is available to pay for the requested places.*  *Note if MLCSU is a new supplier to your organisation you may be asked for company details when you seek to raise a Purchase Order Number. Please contact the team at* [mlcsu.aip@nhs.net](mailto:mlcsu.aip@nhs.net) *if further details are required.* |
| **Agreement funds are in place to cover the cost of training**  Enter **YES** below:  Confirmation of funding provided above and in your covering email is necessary before allocation of places and date of course can be confirmed. Please ensure you have the necessary authorisation. |

**Names and contact details of all delegates**

Delegates need to sit the APMG Exam in a private space. A phone contact number is required for the rare occasion’s delegates experience technical issues in the exam. Please add extra lines for additional delegates.

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| **Name** | **Email** | **Mobile** | **Job Title** |
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