



Ethnicity Training Network Training Request Form



Thank you for your interest in the Ethnicity Training Network. To apply for training, please fill in this form and return it us by post or e-mail. This does not commit you to anything and we will not pass on any of your details without your permission.



Name : _____ Gender: _____
Organisation: _____
Job Title: _____
Address: _____



Post Code: _____
Telephone: _____



E-mail: _____

Please tick the area of England in which you live:

- | | | | |
|--------------------|-------------------|------------|---------------|
| Yorkshire & Humber | North East | North West | East Midlands |
| West Midlands | Eastern | South East | South West |
| London | Other (say which) | | |

Are you applying for yourself or on behalf of your organisation? _____

What kind of training do you need and what do you want to achieve from this? _____

Where would you like the training to take place? _____

What training, (if any), have you or your colleagues already received in relation to ethnicity and health? _____

How many people do you expect to attend the training? _____

What budget do you have for the training? _____

Where did you hear about the Ethnicity Training Network? _____

Signature: _____ Date: _____

Please return this form to:
The Ethnicity Training Network,
Centre for Health and Social Care, 101 Clarendon Road,
University of Leeds, Leeds, LS2 9PL
Tel: 0113-343-4832 E-mail: etn@leeds.ac.uk