



Ethnicity Training Network

Application form for Trainers

Thank you for your interest in the Ethnicity Training Network. To register as a trainer, please complete this application form and return it to us by either post or e-mail. **Please also provide us with a separate sheet or CV telling us your background and experience.** We will not pass on any of your details without asking you.



- Name:
- Gender
- Organisation
- Position
- Address:
- Postcode



▪ Telephone

Fax:



Mobile:

E-mail:

Please tick the area of England in which you live:

Yorkshire and the Humber		North East	North West
East Midlands	West Midlands	Eastern	South East
South West	London	Other (say which)	

▪ Will you be training as part of your job? Yes No

Please could you provide the following details in order to monitor the diversity of our applicants:

Do you have a disability? If so, please give details:

▪ Ethnic Group:

▪ Please list the names of courses you can offer through the Ethnicity Training Network below (please use a separate sheet if you need to). *We also need a sample of your training materials for each course. Please attach this to the application form.*

Do you include any of the following in your training? (Please tick no if you will need help with this):

▪ Preparing a course programme? Yes No Need Support



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- Arranging a place to run the course? Yes No Need Support
 - Arranging refreshments/food? Yes No Need Support
 - Setting up equipment? Yes No Need Support
- Is there anything else that you will need help with to run your course?
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- Are there any fees involved in the training you offer? Yes No
- If yes, please give details:
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- How long have you been a trainer?
 - How much training on ethnicity and health/social care have you given in the last year? (Please give details)
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- Do you need training to become a trainer? Yes No
 - Are you willing to travel within the UK? Yes No
 - Are you happy for us to pass your details to other organisations that have asked for training? Yes No
 - Please give names and contact details of two people/organisations who can comment on courses that you have delivered (we will write for references).
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- Where did you hear about the Ethnicity Training Network?
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- Signature:
 - Date:
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Thank you for your information. We will get back to you as soon as possible. Please return this form to:

The Ethnicity Training Network, Leeds Institute of Health Sciences
101 Clarendon Road, University of Leeds, Leeds, LS2 9LJ

Tel: 0113-343-4832 Fax: 0113-343-0862 e-mail: etn@leeds.ac.uk