**Finance Skills Development**

*Expression of Interest Form for Finance Staff*

*Membership sponsored by:*

**Derby & Derbyshire LMC and General Practice Task Force**

**Applicant Details**

**Title**  *Title*

**First name**  *Enter first name*

**Surname**  *Enter surname*

**Job title / Role**  *Enter your job title*

**CCG**  *Please select your CCG*

**Organisation / Practice**  *Organisation or practice name*

**Contact address**  *Street name*

*Area*

*City*

*County*

*Postcode*

**Contact telephone number**  *Enter telephone number*

**Email address (work)**  *Work email address*

**Line Manager Agreement**

**Organisation Commitment**

*Courses or events may require the delegate to attend events or complete assignments/work during their working hours.*

Permission given from line manager:*Yes or No*

Line Manager Name: *Line Manages Name*

**Applicant Information**

**Is your job role predominantly finance based?  Yes  No**

**Reasons for application** *(please outline your reason for wishing to access this training)*

*Please enter your reasons here*

**How could this training be applied in your work?**

*Please outline your thoughts here*

**Completed forms to be emailed to** [info@pcdc.org.uk](mailto:info@pcdc.org.uk)

*Please note that the information from this form will only be used by the Primary Care Development Centre and East Midlands Leadership Academy and will not be released to any other third organisations.*

*By accessing the training through the Primary Care Development Centre you are agreeing to complete feedback forms, post training, and consent to the Primary Care Development Centre contacting you in the future in regards to training and development opportunities.*

**OFFICE USE ONLY**

Sponsor signed off by LS

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**To contact our office please call - 0115 979 6911**

[**www.pcdc.org.uk**](http://www.pcdc.org.uk)