

Well – Led Nomination & Training Agreement

As manager and staff member of the participating establishment I/we agree to;

• Learner to attend all 4 days of the Well-Led programme

| Date | Venue | Time |
|--|-----------------------------------|-------------------|
| 25 th July 2024 1 st , 15 ^{th,} and 22 nd August 2024 | County Hall, Leicester LE3 8RF | 9:15am to 16:30pm |

OR

| Date | Venue | Time |
|---|-----------------------------------|-------------------|
| 6th, 20 ^{th,} 27 th February 2025 13 th March 2025 | County Hall, Leicester LE3 8RF | 9:15am to 16:30pm |

If you do not have an Adult Social Care Workforce Data Set Account – please create an account, then submit this form – failure to supply this information will mean your application will not be processed.

https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Adult-Social-Care-Workforce-Data-Set/Adult-Social-Care-Workforce-Data-Set.aspx

| Your organisation's Adult Social | |
|----------------------------------|--|
| Care Workforce Data Set (ASC- | |
| WDS) registered name | |
| Your organisation's ASC-WDS ID | |
| Your ASC-WDS registered | |
| address | |
| (Including postcode) | |
| Your contact name | |
| Phone number | |



- Arrive 9:15am for 9:30am start Finish 16:30pm
- If there are any unforeseen reasons for non-attendance (sickness, for example), you must inform the LSCDG as soon as possible. See Terms and Conditions.
- I agree that if the member of staff fails to attend or nonattendance occurs, without any notification as per the Terms & conditions of the LSCDG I will be charged.
- I agree to support the member of staff on the programme, including encouraging sharing information, and other relevant information with colleagues
- I will ensure the member of staff completes any work/activity assigned to them by the trainer.
- To take part in any evaluation to assess the impact of the course.



Well-led Nomination & Training Agreement

As the Manager, I have read and accept the conditions of this agreement.

| Name | |
|--------------|--|
| Position | |
| Organisation | |
| Email | |
| Signature | |
| Date | |

Staff member undertaking Training

| Which Programme attending | See dates on page 1 you can only choose one programme |
|---------------------------------|---|
| Name | |
| Position | |
| Email | Please do not use generic work or shared email |
| Signature | |
| Date | |

Please return this form back to lscdg@leics.gov.uk