

## 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 <sup>th</sup> July 2024 1 <sup>st</sup> , 15 <sup>th,</sup> and 22 <sup>nd</sup> August 2024	County Hall, Leicester LE3 8RF	9:15am to 16:30pm

OR

Date	Venue	Time
6th, 20 <sup>th,</sup> 27 <sup>th</sup> February 2025 13 <sup>th</sup> 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 <a href="https://www.uk.gov.uk">lscdg@leics.gov.uk</a>