**Enrolment form: Bite Size Training**

(Use Form for Benefits Management & Realisation, Comprehensive Investment Appraisal (CIA) model, the Economic Appraisal, Financial Appraisal, Business Case Writing Skills Small Value Schemes, Business Case Assurance,). Please email your completed form to: [mlcsu.nhsenglandbitesize@nhs.net](mailto:mlcsu.nhsenglandbitesize@nhs.net)

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| --- |
| **Key contact details** |
| Name: |
| Organisation: |
| Job title: |
| Email: |
| Telephone: |
| Date of course if known: |
| Number of places wanted: |
| **Purchase Order Number (or cost centre if MLCSU):**  *Invoices will be issued by MLCSU after course completion, please note that cancellation within 10 days of course commencement will be charged in full. Please also be aware that providing your PO number or cost centre is confirmation that funding is available to pay for the requested places*  *Please note if MLCSU is a new supplier to your organisation you may be asked for company details before you are able to set up a Purchase Order Number. Please contact the team at* [*mlcsu.nhsenglandbitesize@nhs.net*](mailto:mlcsu.nhsenglandbitesize@nhs.net) *if further details are required.* |
| **Agreement funds are in place to cover the cost of training**  Enter **YES** below:  Confirmation of funding provided above and in your covering email is necessary before allocation of places and date of course can be confirmed. Please ensure you have the necessary authorisation. |

**Names and contact details of all delegates if known:**

Please add extra lines for additional delegates.

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| **Name** | **Bite Size Training** | **Email** | **Mobile** | **Job Title** |
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| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |