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| --- | --- |
| Name of applicant |  |
| Authority name |  |
| Job title |  |
| Work telephone number and  Mobile |  |
| Work email address |  |
| What do you want to achieve from this Springboard programme? | |
| Do you have any accessibility issues (e.g. sensory impairment)? If so, how can we make this programme work best for you? | |
| I agree to attend all four sessions in full. My Authority will be charged full price for my place.  Signature Date | |
| Line Manager’s name |  |
| Work telephone number |  |
| Work email address |  |
| I support this application because: | |
| Line Manager’s signature Date | |