Expression of Interest

Developing Manager

Commit to attend all six workshops to enable the delegate to meet the learning hours required for the programme

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Venue** | **Start Date** | **Care Provider** | **Email to send Invite** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Nominated Individuals Current Role** | **Expectations of outcomes from attending the programme**  |
|  |  |
| **Nominating Persons Name** |  | **Care Provider**  | **Email** |
|  |  |  |

When completed all nominations please return to. conorgiles@linca.org.uk

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