# Staff Training Booking Form

Community and Oral Health
Metro North Hospital and Health Service

## APPLICANT'S DETAILS:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Payroll No</th>
<th>Position Title</th>
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Team: ____________________________  Dept/Location: ____________________________  A/Hours Emergency No: ____________________________

## JOB STREAM:

- [ ] Administration
- [ ] Allied Health
- [ ] Nursing
- [ ] Snr Management
- [ ] Professional
- [ ] Operational
- [ ] Medical
- [ ] Technical
- [ ] Other (specify)
- [ ] New to MNHHS - Start Date: ____________________________
- [ ] Existing MNHHS employee

## COURSE DETAILS:

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<th>Course Name</th>
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## LINE MANAGERS DETAILS:

I support this training application and will complete actions necessary for the participant to attend.

Approved: [ ] NO  [ ] YES

Name: ____________________________  Position: ____________________________

Signature: ____________________________  Date: ____________________________  Phone: ____________________________

Email Address: ____________________________  @health.qld.gov.au

## EDUCATION TEAM USE ONLY:

Date Received: ____________________________  Date Attending: ____________________________  Confirmation Email/Letter Sent: ____________________________  Initials: ____________________________

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V1.0 Effective: December 2018  Review: December 2019