Torbay and South Devon NHS
NHS Foundation Trust

Personalisation Nomination Form

1st Choice Course		**Venue:**	
2nd Choice Course		**Venue:**	

Please note: all Nominees will be required to undergo a selection process to be considered for the course

Name of Nominee:		**Contact Details:**		**Place of work:**	
Name of Manager:		**Contact Details:**			

Nominee Entry Criteria		
	YES	**NO**
Are you currently employed within a healthcare role?		
Have you shown commitment to our STP vision within your current role (see flyer)?		
Are you seeking an opportunity to build on skills you already have as a coach, mentor or trainer?		
Are you in a role where you have the opportunity and capacity to pass on learning about how to work differently with people?		

Manager Checklist		
Please ensure you are able to provide the following:	**YES**	**NO**
Time and space to develop the nominee's skills in holistic health coaching as well as co-design the training package (i.e. 2 days course attendance, practice time 2 - 4 hours and regular networking 1 hour once every 3 months)		

Please give a brief statement on why your Nominee should be considered to undertake the Health Coach training			
Manager Signature:		**Date:**	

Please send completed form to: the contact of the course venue you have chosen as shown on the flyer.