



**Artemis: the Children's Workforce  
Induction Programme  
Booking Form**



**Organisation Name:**

**Organisation Address:**

**Telephone Number:**

**To which of the following do you or your organisation belong?**

- |                                    |                          |
|------------------------------------|--------------------------|
| Foster Care                        | Early years & child care |
| Social, family & community support | Youth                    |
| Justice & Crime Prevention         | Sport & Culture          |
| Managers & Leaders                 | Health                   |

**Is your organisation a member of the voluntary and community sector?**

Yes  No

**When would you like to start?**

DD/MM/YY

**Are you or your learners interested in receiving information on supported learning sessions?**

Yes  No

Please fill out the information below for each learner ensuring that the email address supplied can be accessed regularly by the learner. If they do not have an email address please let us know and we will help in setting one up. If you are enrolling more than six learners please contact [sue.barker@pataglos.org.uk](mailto:sue.barker@pataglos.org.uk)

Name	
Email Address	
Job Title	
Employment Start Date	
Is this person a volunteer within your organisation?	
Manager Name	
Manager Email Address	

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Email Address	
Job Title	
Employment Start Date	
Is this person a volunteer within your organisation?	
Manager Name	
Manager Email Address	