

Expression of Interest

Name	
Date	
Business	
Address	
Postcode	
Telephone	
Fax	
Email	

What kind of business do you represent?	
Care Home	<input type="checkbox"/>
Residential Home	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>
Care at home Agency	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
.....	
How many care staff do you employ?	
Do you employ a Training Manager?	
Do you need help in recording training levels for your Staff?	

Free, Accredited Distance Learning Courses*

Course Name	Duration (weeks)	Course Type	Interested?	Likely No. of candidates
Basic Food Hygiene	6	DL	<input type="checkbox"/>	
Contributing to the care setting	16	DL	<input type="checkbox"/>	
Food hygiene & safety	12	DL	<input type="checkbox"/>	
Infection Control	12	DL	<input type="checkbox"/>	
Intermediate Occupational Health & Safety	12	DL	<input type="checkbox"/>	
Manual Handling	12	DL	<input type="checkbox"/>	
Occupational Health & Safety 1	12	DL	<input type="checkbox"/>	
Occupational Health & Safety 2	12	DL	<input type="checkbox"/>	
Personal Development	12	DL	<input type="checkbox"/>	
Professional Development	12	DL	<input type="checkbox"/>	
Risk Assessments	12	DL	<input type="checkbox"/>	
Safe Handling of Medicines	12	DL	<input type="checkbox"/>	
Supervisory management	12	DL	<input type="checkbox"/>	

* Free courses are subject to the Awarding and Funding Bodies criteria.
Geographical location may also affect the choice of courses available, however most Postcodes in the South West are included.

NVO's

Course Name	Duration (months)	Course Type	Interested?	Likely No. of candidates
Care, Level 2	3-6	NVQ	<input type="checkbox"/>	
Care, Level 3	3-6	NVQ	<input type="checkbox"/>	
Please indicate your preferred payment plan:				
Plan 1	Whole Award	100% on induction	<input type="checkbox"/>	
Plan 2	2 Stage	60% on induction, 40% balance after three months	<input type="checkbox"/>	
Plan 3	Unit	Fixed fee on induction, then pay for each unit as you go	<input type="checkbox"/>	

Paying Courses – Day Courses

Course Name	Duration (days)	Course Type	Interested?	Likely No. of candidates
Assertiveness Course	1	Day	<input type="checkbox"/>	
Appraisal Skills	1	Day	<input type="checkbox"/>	
Basic Food Hygiene	1	Day	<input type="checkbox"/>	
Conflict Management	1	Day	<input type="checkbox"/>	
Communication Skills	1	Day	<input type="checkbox"/>	
Dealing with accidents at work	1	Day	<input type="checkbox"/>	
Dealing with Bullying in Workplace	1	Day	<input type="checkbox"/>	
Decision Making & Problem Solving	1	Day	<input type="checkbox"/>	
Fire Safety	1	Day	<input type="checkbox"/>	
Health & Safety	1	Day	<input type="checkbox"/>	
Induction Course	1	Day	<input type="checkbox"/>	
Infection Control	1	Day	<input type="checkbox"/>	
Lifting & Handling	1	Day	<input type="checkbox"/>	
Leadership Management	1	Day	<input type="checkbox"/>	
Managing HR	1	Day	<input type="checkbox"/>	
Presentation Skills	1	Day	<input type="checkbox"/>	
Risk Assessments	1	Day	<input type="checkbox"/>	
Recruitment & Selection	1	Day	<input type="checkbox"/>	
Safe Handling of Medicines	1	Day	<input type="checkbox"/>	
Total Communication	1	Day	<input type="checkbox"/>	
Violence Management	1	Day	<input type="checkbox"/>	

Paying Courses – Distance Learning

Course Name	Duration (weeks)	Course Type	Interested?	Likely No. of candidates
Food Hygiene & Safety	12	DL	<input type="checkbox"/>	
Intermediate Occupational Health & Safety	12	DL	<input type="checkbox"/>	
Occupational Health & Safety 1	12	DL	<input type="checkbox"/>	
Occupational Health & Safety 2	12	DL	<input type="checkbox"/>	
Safe Handling of Medicines	12	DL	<input type="checkbox"/>	
Working with Older People 1	12	DL	<input type="checkbox"/>	
Working with Older People 2	16	DL	<input type="checkbox"/>	

Practical Assessments

Type	Duration (days)	Course Type	Interested?	Likely No. of candidates
Safer moving and handling	1	PA	<input type="checkbox"/>	

Other Services

Type	Description	Interested?
Training Records	Easy to use record of all your staff training.	<input type="checkbox"/>
Care Plans	Generic Care Plan document	<input type="checkbox"/>
	2hr Care Plan training session.	<input type="checkbox"/>
Personal care guidance sheets	For Example Footcare, or Backcare	<input type="checkbox"/>

Please indicate any other areas of training, or services you are interested in:

Please Post To:

CCTraining Consultants Limited
 16 Goodeaves Cottages
 Highbury Street
 Coleford
 Radstock
 BA3 5NZ

Contact Us:

Tel/Fax: 01373 812016
 Email: admin@cctrainingconsultants.com
 Website: www.cctrainingconsultants.com

Or fax to us on:

01373 812016

CCTraining Consultants Limited.
 Registered in England No. 5309199

Don't forget to enter the Candidate names on the following sheet:

Please give the names of potential candidates:	
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