# 

**Making the most of your slow cooker**

**Tutor registration form**

Please return completed forms to -

Public Health Dietitians

Email: [phdietitians@belfasttrust.hscni.net](mailto:phdietitians@belfasttrust.hscni.net)

Tel: 028 95 043068

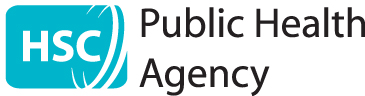
**If you need help completing this form, or have any queries, please contact the Health and Wellbeing team using the details above**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details**  **(please provide your work contact details if delivering as part of your job)** | | | |
| Name: |  | | |
| Address: |  | Postcode: |  |
| Phone number: |  | | |
| Email address: |  | | |
| Gender: |  | | |
| **Past experiences** | | | |
| Have you ATTENDED any nutrition courses delivered by the health and wellbeing team before? | *(Tick one box only)*  Yes 🞏 No 🞏  If yes, please detail: | | |
| Have you ever LED any course?  (e.g. cookery, nutrition, life skills, health promotion) | *(Tick one box only)*  Yes 🞏 No 🞏  If yes, please detail: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Get Cooking make the most of your slow cooker** | | | | | |
| Do you hope to deliver the programme as part of your job? | *(Tick one box only)*  Yes 🞏 No 🞏 | | | | |
| ***If delivering as part of your job****, please complete the employment information below* | | | | | |
| Organisation/company: |  | | | | |
| Your job title: |  | | | | |
| Your job role: |  | | | | |
| Name of employer: |  | Phone number: | |  | |
| Email address: | |  | |
| How do you hope to use the programme in your work? |  | | | | |
| ***If you are not delivering the programme*** *as part of your job, please complete the questions below.* | | | | | |
| Will be delivering for an organisation/ voluntary group? | Yes No Unsure | | | | |
| **If yes,** please complete the questions below: | | | | | |
| Name of organisation |  | | | | |
| Leader’s name (if appropriate) |  | | Phone number: | |  |
| Email address: | |  |
| How will you use the programme |  | | | | |
| **If no,**  Please detail how you plan to use the programme |  | | | | |
| **Planning and Delivering** *(all to complete)* | | | | | |
| After training, how soon will you be able to start delivering? |  | | | | |
| If you have identified a group, please tick any of the following neighbourhood renewal areas you plan to deliver in:  *(Tick all that apply)* | * Colin * Outer West Belfast * Andersonstown * Upper Springfield/ Whiterock * South West Belfast * Falls/ Clonard * Inner South Belfast * Tullycarnet * Inner East Belfast * Inner North Belfast * Crumlin/ Ardoyne * Upper Ardoyne/ Ballysillan * Ligoniel * Greater Shankill | | | | |
| Any additional information? |  | | | | |
| Do you agree to your information being used and stored as outlined in the GDPR privacy notice attached in the email? *(Tick one box only)*  Yes No  Do you consent to photographs / videos in which you appear being available to Belfast Health and Social Care Trust for use in leaflets, brochures, Trust publications, training and promotional videos, media releases eg. Twitter and face book, television broadcasts and electronic information systems? *(Tick one box only)*  Yes No  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**Please also complete and return signed ‘TUTOR and EMPLOYER AGREEMENTS’ along with this application form**

***Thank you for completing this form***



**In partnership with Belfast Health & Social Care Trust**