

Dear Employer

Thank you for your recent interest in our co-funded Skills Bootcamp

Please confirm that you are happy to nominate your staff to participate in this Skills Bootcamp program and attend all the sessions, and that you will consent to them attending this course for:

Leadership & Management L3 (schedule attached)

Location: Poole Campus

I confirm our organisation's commitment to the Skills Boot Camp program

Signed:

Position:

Date:

Organisation Name:

Please confirm the details of your nominees below that consent to our contact so that we can confirm their program places (we need both postcodes for eligibility purposes, one of these needs to be in Dorset):

?

Name	Home Postcode	Work Postcode	Email Contact	Contact Number	Date of Birth

Please confirm what kind of outcomes you hope to achieve by completing the program:

Please tick all that apply, or add any additional reasons in the box below

Outcome	Organisation	Employee
Increase the number of contracts, work opportunities and revenue for the company		
Increase productivity, efficiencies and reduce costs		
Promotional opportunities for staff		
Increase confidence in skills of employees		
Other		

Please tick how many employees you have in your organisation:

Self Employed	
Less than 250	
Over 250	

Please return this completed form to reserve your spaces and ensure that you will be included in the earliest cohort available.

Invoicing will follow for the co-investment contribution, prior to the start date

Kindest regards

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