**Skills Share Registration**

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| --- | --- |
| **Name of worker** |  |
| **Email and Ext.** |  |
| **Occupational qualifications** |  |
| **Professional Registration (if****applicable)** |  |
| **Skills and experience** | **Pen portrait – around 100 words informally describing your skills** **and recent experience.** |
| **Previous experience****(please tick relevant boxes)** |  **Conducting management investigations** |  |
|  **Investigating complaints** |  |
|  **Clinical skills inc. audit, investigations (disciplinary or capability)** |  |
| **Project management** |  |
| **Service Reviews** |  |
| **Writing business cases** |  |
| **People management** |  |
| **Change management** |  |
| **Coaching** |  |
| **Executive/business support** |  |
| **Training and development** |  |
| **HR business partner** |  |
| **Financial systems** |  |
| **IT systems** |  |
| **Web design/development** |  |
| **Other (detail below)** |  |
|  |  |
| **Availability (How much time can the individual give within, or in addition to, their current) contract?)** |  |  |
| **What do you hope to gain from this opportunity?** |  |  |

Privacy Statement

The information contained on this form will be stored on your MLE profile under the “other learning” section. If, at any point, you would like to withdraw from this scheme please contact the Education Administrator who can assist in the deletion of these records. Otherwise, this information will be part of your MLE profile until the date you leave the Trust at which point it will be archived along with the other details held on your profile.

Please tick this box □ to acknowledge this statement.

Declaration

The information contained herein is accurate to the best of my knowledge.

I confirm that I am happy to be contacted should there be an opportunity arise that is considered to befit my skill/knowledge/interests.

I reserve the right to refuse any opportunities offered to me.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_