

**APPLICATION FORM FOR:**

**MARKET PLACE WEB-BASED ADVERTISING OPPORTUNITIES THROUGH OPTIMUM WORKFORCE LEADERSHIP**

**FOR THE PERIOD TO APRIL 2020**

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| **Contact information** | | | | |
| NAME: |  | ROLE: |  | |
| ORGANISATION: |  | ADDRESS: |  | |
| CONTACT TEL: |  | EMAIL: |  | |
| **Organisation information** | | | | |
| DESCRIPTION OF SERVICES PROVIDED BY YOUR ORGANISATION |  | | | |
| **Market Place Advertising Opportunity being requested** | | | | |
| **Market Place web page for Business Partners** | | Duration | | \_\_\_\_\_ Months |
| Cost (£25/mn - £250/yr) | | £ |
| Wording for offer to care providers (max 50 words)  *(Include web link and high-resolution logo)* | | | | |
| **Market Place Web Page for Sector to Sector Health and Social Care Learning Partners** | | Duration requested  (Offer will be reviewed annually) | | \_\_\_\_\_ Months |
| Wording for offer to other care providers (max 50 words)  *(Include web link and high-resolution logo)* | | | | |

I confirm that all the details above are accurate and the invoice should be sent to the contact above:

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return completed form to [istraining@nottscc.gov.uk](mailto:istraining@nottscc.gov.uk).