Please complete and return to SISTAD@Salvationarmy.org.uk
SISTAD Application Form:

Region / Division:
Course title:
Course date(s):
Identified training needs:

Learning outcomes:

Date discussed with RLDO:

Targeted delegate group (including numbers):

Details	Total costs (£)	Other contributions (£)	Amount requested from SISTAD (£)
Venue:			
Named trainers / costs:			
Resources:			
Workbook / Books specific to course:			
TOTAL			

TOTAL			
Signature:	Other comm	nents:	
Date:			



