## Junior Clerical Skills Programme 2017/18 (Grades 2, 3)

## Schedule and Registration Form

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| **Session Title** | **Date** | **Time** | **Location** |
| Working in Queen’s | 19 October 2017 | 10.00 – 1.00 | 0G/010  Main Site Tower |
| Personal Productivity and Time Management | 21 November 2017 | 10.00 – 1.00 | 0G/010  Main Site Tower |
| Your Role and Responsibility in the Team | 5 December 2017 | 10.00 – 1.00 | 0G/010  Main Site Tower |
| Essential Written Communication | 8 January 2018 | 9.30 – 12.30 | 0G/010  Main Site Tower |
| Providing a Quality Service to Customers | 8 February 2018 | 10.00 – 1.00 | 0G/010  Main Site Tower |
| Efficiencies Using IT | 6 March 2018 | 9.30 – 12.30 | McClay Library Training Room 2 |
| Organisation Skills Around Meetings | 23 April 2018 | 10.00 – 1.00 | 0G/010  Main Site Tower |
| Projecting a Confident and Professional Image | 24 May 2018 | 9.30 – 4.30 | Canada Room  Lanyon Building |
| Programme Certificates | 12 June 2018 | 10.30 – 11.30 | To Be Confirmed |

The Staff Training and Development Unit will put every effort into ensuring that sessions run on the dates and times stated above but it may be necessary to make some changes throughout the year.

This form must be completed and signed before returning to Roisin Macartney, Staff Training and Development Unit, Level 4, Administration Building (email [training@qub.ac.uk](mailto:training@qub.ac.uk)) by **21 September 2017**

Places will be allocated on a first-come-first-served basis.

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| **NOMINEE’S DETAILS**  I wish to be allocated a place on the Junior Clerical Skills Programme 2017 - 2018:  Surname …………………… First Name (s) …………………………….…… Title …..…  Department ……………………………………..…….. Telephone Number ………………….  Email …………………………………………………………………………………………………….  Job Title ………………………………………….. Grade …………………………………………  Signature …………………………………………… Date ……………… |

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| **MANAGER’S AUTHORISATION**  After discussion with the member of staff and in full knowledge of the time commitment involved in the course, I am in agreement with him/her undertaking the above course.  Manager’s surname ……………………………………… First Name …………………………….  Title …………………………………………………  Signature of Manager ………………………………… Date ……………… |

In order to receive an Attendance Certificate, participants must attend 75% of the sessions.