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| --- |
| **Your name:** |
| **Directorate/Area where you access ELFT services:** |
| **What is your availability?** *(Such as 1 hour a week, preferably on a Monday)* |
| **What do you hope to get from this work?** |
| **What skills are you looking to practice or gain?** |
| **Have you been on any QI training?** |
| **How long would you like to be involved in a project for?** *(e.g. 6 months)* |
| **Contact number**: |
| **Email address:** |