**L5 Commissioning for Wellbeing with a Learning Disability and Autism focus**

|  |  |
| --- | --- |
| **Expression of interest** | |
| Name: |  |
| Job title/role: |  |
| Organisation: |  |
| Region: |  |
| Health or Social Care or other: | Health (Adults)  Social Care (Adults)  Joint Health & Social Care  Health (Children’s)  Social Care (Children’s)  Other (please specify): |
| In no more than 250 words summarise your understanding of the needs of people with Learning Disability and Autism. |  |
| In no more than 250 words summarise your experience of commissioning and specifically your experience of Learning Disability or Autism commissioning. |  |
| In no more than 250 words detail what has motivated you to submit your expression of interest this course. |  |
| Signature of applicant: |  |
| Signature of Line Manager: |  |
| Signature of financial approver: |  |

By agreeing to sign this expression of interest you are committing to undertake the L5 Commissioning for Wellbeing with a Learning Disability and Autism focus on confirmation of a place by Skills for Care.

Your organisation will be liable to pay the full cost (up to £2,000) of the qualification to the Skills for Care within an agreed timescale should you not be able to complete the course.

Thank you for submitting this expression of interest. Please email your completed form to: [Policy@skillsforcare.org.uk](mailto:Policy@skillsforcare.org.uk)