**Internal Coaching Request Application Form**

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| Initials: |
|  |
| Last Name: |
| Job Title: |
|  |
| Department/Ward: |
| OPTIONAL additional information  Preferred coach (depending on coach’s capacity) |

|  |  |  |  |
| --- | --- | --- | --- |
| I have discussed my goals OR coaching needs with my manager box to tick | | Yes  No | Date: |
| I have discussed how time to access coaching will be managed box to tick | | Yes  No | Date: |
| Employee’s Name: | Employee’s signature | | |
| Line Manager Name: | Manager’s Signature: | | |

**Please return the completed form to:**

Sophie Duport [sduport@rhn.org.uk](mailto:sduport@rhn.org.uk) ext 4531