**Internal Coaching Request Application Form**

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| --- |
| Initials:  |
|  |
| Last Name: |
| Job Title:  |
|  |
| Department/Ward: |
| OPTIONAL additional informationPreferred 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 ext 4531