Scottish Digital Academy Interest Form

Please fill out the information below and return your form to [DigitalAcademy@gov.scot](mailto:DigitalAcademy@gov.scot)

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| **Full name:** |  |
| **Email:** |  |
| **Telephone:** |  |

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| --- | --- |
| **Job title:** |  |
| **Organisation full name:** |  |
| **Division:** |  |
| **Team Name:** |  |
| **Course name:** |  |
| **Course month:** |  |

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| **Name(s) of potential attendee(s):** | **Email:** |
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| **Please give a short description of the work your team is currently doing, and what you hope to gain by attending the course.** |
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| **Please tell us how you heard about the Scottish Digital Academy** |
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Please tick this box if you would like to be added to the distribution list to receive updates about upcoming Scottish Digital Academy courses and events?