

# Nottinghamshire Safeguarding Children Board

## course/seminar application form 2010/11

- Please ensure you complete all sections of the application form otherwise it will be returned to you, failure to fill in the form could jeopardise your application
- You will receive written confirmation of your place on a training course together with a programme and map 3-4 weeks prior to the training. Please ring and enquire if you do not receive this rather than attending to find there is no place allocated to you.
- You will not receive confirmation of your place on a seminar event however we will inform you if event is oversubscribed and a place is unavailable.
- If you cannot attend the course you must let the NSCB training administrator know immediately, the place can then be offered to another applicant.
- Failure to give notice of non attendance within 24 hours of the start of the training course will incur a charge of £40.00 per day per delegate.

N.B There is no charge for NSCB training for partner agencies except when a cancellation charge applies. A charge of £100.00 will be made for private profit making organisations and companies.

Please photocopy this form if more are required.

Please complete this form in BLOCK CAPITALS and in full as incomplete forms will be returned.

Course title:

Course date/s (1st choice):  Venue:

Course date/s (2nd choice):  Venue:

Full name:

Previous name:  Male/Female (please circle)

Job title:

Team:

Agency (If Health, please specify Trust):

Tel no.  Fax no.

Postal address:

Postcode:

Email address:

**Agency/Sector** (please circle): Children & Young Peoples Services / Adult Social Care and Health / Health / Private/ Police / Probation / Connexions / Sure Start / Cafcass / Voluntary / Charity (NB. If Health please specify Trust.)

Other (please specify)

**Particular needs:** Please specify e.g. physical, access, communication aids

**Previous training courses attended** (please tick answer):

			<b>County</b>	<b>City</b> (If yes please specify)
Own agency introduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
NSCB Introduction to safeguarding children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Working together to safeguard children part one	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Working together to safeguard children part two	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Basic drug awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Diversity/Equalities training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Other NSCB course

Applicant (signature)  Date

**Line Manager use only (where appropriate): I fully support the above application**

Line Manager (signature)

Line Manager (print)

Date

Tel. no.

Email address

**When completed this form should be forwarded to:**

NSCB Training Administrator, Learning and Development, Ludlow House, Ludlow Hill Road, West Bridgford, Nottingham, NG2 6HF. Fax: 0115 945 2768 email sarah.bale@nottsc.gov.uk