

Nottinghamshire Safeguarding Children Board course application form - Part one

- Please ensure you complete **all sections** of the application form otherwise it will be returned to you, failure to fill in the form properly could jeopardise your application
- **Unless** you are contacted by the NSCB training administrator **you will** have been allocated a place
- You will receive written confirmation of your place together with a programme and map, 3-4 weeks prior to the training
- If you cannot attend the course you must let the NSCB training administrator know immediately
- NSCB training is provided free of charge. **However, failure to give notice of non attendance will incur a charge of £40.00 per day per delegate**

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

Course Title

Course Date/s

Venue

Full Name

Male/Female

Job Title

Team

Agency (If Health please specify Trust)

Tel No

Fax No

Postal Address

Postcode

Email Address

Part two

Agency/Sector (please circle): Children & Young Peoples Services / Health / Private / Police / Probation
CNXS / Sure Start / Cafcass / Voluntary / (NB. If Health please specify Trust.)
Other (please specify) _____

Ethnic Origin (Please circle): White UK / European / Indian / Pakistani / Other Asian / African / African-Caribbean /
Other (please specify) _____

Disability: Please tick if you have a disability

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

Previous training courses attended (please tick answer):

	Yes	No	County	City (If yes, please specify)
Own agency introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSCB introduction to safeguarding children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working together to safeguard children part one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working together to safeguard children part two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic drug awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NSCB courses	_____		<input type="checkbox"/>	<input type="checkbox"/>

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 phone: 0115 945 2764 fax: 0115 945 2768

N.B There is no charge for NSCB Training except when a cancellation charge applies

Please photocopy this form if more required