



Local Safeguarding  
Children Board  
BLACKPOOL

# Application Form for multi-agency training

Course Title/Details	Course Date
Venue	

## Personal Details

Full Name (as you would like it to appear on the certificate)	
Job Title	Agency
Employer	Work Tel Number
Directorate/Division	Work Address  Post Code
Email Address	

## To be completed by Applicant

Basic Safeguarding Training (Level 1) completed	Date
Please state reason for requesting a place on this course	
Gender    Male <input type="checkbox"/> Female <input type="checkbox"/>	Do you consider yourself disabled?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details as to any specific needs, i.e. dietary or access (lunch is not always provided but where it is, please also inform the venue of special dietary requirements on arrival).	
Signature	Date

## To be completed by Manager

I agree to release the applicant from work on the aforementioned date and to be informed if for any reason he/she does not attend or leaves before the end of the course.

Managers Name (Print)	Work Tel Number
Email Address:	
Signature	Date

**Please return your application to:  
(see Training Brochure)**

Please ensure all of the details are completed clearly and signed where applicable. Confirmation of the course will be sent to the applicant direct. Please bring your confirmation letter with you to the course

If the course is full, you will not automatically be put onto the next course, you will need to re-apply through your designated link person as places may already have been allocated