

TRAINING BOOKING FORM

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| **APPLICANT DETAILS** | |
| Volunteer Name: | |
| Mobile no: | Landline No: |
| Email address: | |

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| **PARISH DETAILS** |
| Name of Parish: |
| Volunteer role in Parish: |
| Name of your Parish PSC Chairperson:  ***\*Please remember to tell your PSC Chairperson\Deputy Chair that you have booked onto a course. \**** |

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| **COURSE DETAILS** | | |
| **Name of Course: (Please Tick)**  **Child Level 1 Safeguarding Training**  **Child Level 2 Safeguarding Training**  **Child Level 2 Refresher Training**  **Adult Safeguarding Training** | | |
| ***Please tick below if the course is 1-day full session or 1 session delivered over 2 evenings*** | | |
| Full day Course (Level 2 usually a Sat) | Two evening course (Level 2 only) | |
| If the course is taking place across two evenings, please insert both dates below:  Date: Date: | | |
| Course Location/Platform: | | |
| Is this refresher training? YES  NO | | If “YES” please detail previous training undertaken below: |
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| **ADDITITIONAL REQUIREMENTS** |
| Are you over 18 Years of Age?  YES  NO |