

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 |