

LSCB Training Application Form

Please complete this form and return it to your **LINK PERSON** who will forward it to the **LSCB** Administrator, if approved.

Please complete this form **IN FULL**. We cannot guarantee that you will receive Joining Instructions, or other relevant information, if we do not have your **FULL** workplace address and contact details. Please print in block capitals and use **ONE** form per course. If your agency contributes to the Local Safeguarding Children Board's budget there will be no charge for the course. If your agency does not contribute there will be a fee of £60. I would advise you that you may withdraw from the course without penalty subject to a minimum notice of 10 working days. However, if notice of less than this time is given, or in cases of non attendance, a cancellation fee may be applied.

Please visit the **LSCB** website www.swindonlscb.org for full details of all training courses and general information around safeguarding children

LSCB Contact: 01793 463803 cmister@swindon.gov.uk
LSCB Training Office. Room 1.6 Civic Annex, Euclid Street, Swindon, SN1 2JH

Course Details:

Course Title:		Please tick the box which best describes your employment	
Preferred Date:		Integrated Locality Team (ILT)	
Details and dates of previous LSCB training - please insert date/s as appropriate	Foundation or agency equivalent	School (including Governors)	
	Child Protection Intermediate (formerly CP1)	SBC (not in an ILT, eg Housing, Libraries, YOT, Children Services, Strategy/Commissioning)	
Applicant details:			
Name (as you would like it to appear on certificate)			Swindon PCT (staff not in an ILT)
Job Title:			GWH
Full Work Place Name and Address:			Sure Start
			Probation
			Police
Post Code:			AWP
Tel:	E-mail:	Other	

Please tick

Male		White - British		White - Polish		White - Other	
Female		White - Irish		White - Italian		Black - Caribbean	
Black - African		Black - Other		Black/White Mixed		Black/Asian Mixed	
White/Asian Mixed		Mixed - Other		Indian		Bangladeshi	
Pakistani		Asian - Other		Chinese		Other Ethnic Group	

Special Requirements:

To help us meet your needs, please specify if you have any particular needs in the following areas:

Hearing:	Visual:	Mobility:	Other

The LSCB, for the purposes of administration of Child Protection Courses will hold the information you have supplied. Apart from the above, the data you have supplied will not be used for any other purpose. Under the 1998 Data Protection Act, you are entitled to know what personal data this **LSCB** holds about you. To obtain a copy of this, please write to the Data Protection Controller at Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH, enclosing a cheque for £10 made payable to Swindon Borough Council. **I agree to the use of this data for the above purpose.**

Applicant signature:	Date:
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To be completed by applicants' **LINE MANAGER** - who agrees to fund in the case of applicants non-attendance -

If less than 10 working days notice is given, there will be a charge of £75 per whole day training and £55 per half day

Managers Name:	Signature:	Date:
Link Person Name:	Signature:	Date:

PLEASE NOTE: submitting an application form **DOES NOT** guarantee you a place. Confirmation details will be sent out approximately two weeks prior to the date of the course, with details of venue and timings.