

Childrens Services/Social Care /Safeguarding Training Course
 Application Form (T4)

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|---------------------------------|--|---------------|--|
| Course title & Reference number | | No of days: | |
| Course date/dates: | | Course venue: | |

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|----------|--|----------|--|--------------------|--|
| Surname: | | Forename | | Preferred forename | |
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| Job Title/ Role: | | | |
| Employee Number: | | | |

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| Full Name and Address of Work base |
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| Email address: | |
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|-------------------|--|--------------------------|--|
| Work phone number | | Preferred Contact number | |
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| Home address |
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| Do you have any specific needs to help attend or complete this training? |
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| Has this learning & development opportunity been identified in My Plan (DCC staff only): | Yes | | | No | |
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| Managers Name and contact address |
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| Managers e-mail address | |
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| Agreement Signature (please note manager will be contacted in the event of non-attendance) |
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Please return this form to Jackie or Cathy, Denby Depot, Prospect Road, Denby, DE5 8RE or
 email: jackie.mee@derbyshire.gov.uk or cathy.barrass@derbyshire.gov.uk