

City and Hackney Safeguarding Children Board Multi-agency Training Application Form



Course Title	
Course Date(s) and Time	

If you are applying for a Group B or C course, please confirm you have completed introductory safeguarding children training with the CHSCB or an equivalent training course within another borough/organisation.

Yes		No	
If yes – please give date and details of course:			

Application Details

Name	
Job Title	
Agency or Organisation	
Service-area or Department	
Work address	
Email address	
Work telephone number	
Mobile telephone number	
Additional needs	

Essential – please tick box relating to agency

London Borough of Hackney: Children's Social Care		City of London: Children's Services	
London Borough of Hackney: Youth Services		City of London: Police	
London Borough of Hackney: Youth Offending Team		The Learning Trust	
London Borough of Hackney: Community Service		Children's Centres	
London Borough of Hackney: Neighbourhoods and Regeneration		Schools and further education services	
City and Hackney Community Health Services		Independent schools or nurseries	
East London NHS Foundation Trust		Voluntary and community sector	
Homerton University Hospital NHS Foundation Trust		Private sector	
Metropolitan Police Service		Hackney Homes	
London Probation Service		CAFCASS (Children and Family Court Advisory and Support Service)	
London Fire Brigade		Connexions	
London Ambulance Service		Other – please give details:	

Please turn overleaf

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Diversity Monitoring Information

The CHSCB collects diversity monitoring information to ensure all participants are treated fairly and have equal access to training. Please help this process by filling in the details below.

Gender	Male		Female		Disability	Yes		No	
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Ethnicity

White British		White; Orthodox Jewish / Charedi		Black Caribbean		Asian Pakistan		White & Asian	
White Irish		White; Other Jewish		Black African		Asian Bangladeshi		Other mixed heritage	
White; Turkish / Turkish Cypriot		White; European		Black other		Asian other		Chinese	
White; Greek / Greek Cypriot		White; Other White		Asian British		White & Black Caribbean		Vietnamese	
White; Kurdish		Black British		Asian Indian		White & Black African		Other – give details:	

Manager

Please ask your authorising manager to complete all details below.

Name	
Job Title	
Work address	
Email address	
Telephone number	

Declaration of Manager

1. I confirm that I have read the attendance criteria, aims and outcomes for this course and believe that the applicant will significantly benefit from this training.
2. I authorise this applicant to attend this course and agree that I will take all necessary steps to ensure that the training outcomes are reinforced in the workplace.
3. I agree to provide the CHSCB with access to my agency for the purposes of gaining post-course feedback from the applicant and manager responsible for subsequent workplace development.
4. I will take responsibility for dealing with any incidents or issues related to this application and course on behalf of my agency.
5. I accept the CHSCB non-attendance charging policy (see page 6 of training brochure).

APPLICANT SIGNATURE:

DATE:

MANAGER SIGNATURE:

DATE:

Please return completed form to: Safeguarding Training Coordinator, City and Hackney Safeguarding Children Board, 3rd Floor, 1 Hillman Street, London E8 1DY. Alternatively, please email and scan to: safeguardingtraining@hackney.gov.uk or fax on 020 8356 4734.

You will receive an acknowledgment from the Training Coordinator once application form has been received. If you do receive an acknowledgement, contact the Training Coordinator on telephone number: 020 8356 4826 to check on status of form.