



Medway Safeguarding Children Board Training Application Form

PLEASE PRINT

Course applied for: **Date:**

Name: **Organisation:**

Job title:

Email: **Contact number:**

Address for correspondence:

PLEASE NOTE: if this section is not completed, your application will not be processed. Although the majority of MSCB courses are free, we reserve the right to charge a cancellation fee if delegates fail to attend or provide written notification of cancellation at least 5 days prior to the event.

Manager's Signature:
(Alternatively send from manager's email)

Print Managers Name:

Date:

What Child Protection training have you undertaken in the last three years?

Do you have any access requirements?

Data Protection Act 1998

I hereby give my consent for information provided on this form to be held on computer and other relevant filing systems and to be shared with other accredited organisations and agencies in accordance with the Data Protection Act 1998.

Signed **Date**

Please note: To improve interagency communication your contact details will be made available on the day to other delegates. If you have any queries about this please contact the MSCB. If you would prefer your details to remain private please tick this box

If you would not like to be added to our mailing list to receive updates about upcoming courses please tick this box

The MSCB may contact you to take part in a post event survey.

Please return to: MSCB Administrator MSCB@medway.gov.uk
 Level 4, Gun Wharf
 Chatham 01634 334 504
 ME4 4TR
 Enquiries 01634 336 329 www.msccb.org.uk

For Office Use

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