

Application for Safeguarding Adults Training

Name:

Job Title:

Organisation Title:

Work Address:

Please tick the organisation you work for:

DCC	TEWV	CDDCHS	NHS DURHAM	CDDFT	INDEPENDENT SECTOR	EDUCATION	VOLUNTARY SECTOR

Home Address:

Contact number:

Email Address:

Title of session:

Preferences for course date

Please discuss attendance on this course with your manager and ensure there is sufficient cover to let you attend the course before you select a date.

	DATE	VENUE	A.M. SESSION	P.M. SESSION
1 st CHOICE				
2 nd CHOICE				
3 rd CHOICE				

If you are attending a half day course please tick **AM** or **PM** as many courses have two sessions in one day.

Please return completed forms to:

Rachael Laws
Priory House
Abbey Road
Pity Me
Durham
DH1 5RR

Or email: safeguarding_training@durham.gov.uk