Please read our booklet which has detailed information about the different modules before filling in the form. It can be found on the PSCP Safeguarding Children Training Programme web site. Please note that you will need to discuss your organisation's individual training needs with the trainer prior to the agreed training date. For any further questions in relation to the programme, please call our office on 02392 83 4404 or email [pscptraining@portsmouthcc.gov.uk](mailto:pscptraining@portsmouthcc.gov.uk).

Single Agency Options - please tick all that apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Three-hour training session based on |  | **Basic Awareness Safeguarding Children** | | |
| Bespoke Training - One Day Course: |  | **Restorative Practice** |  | **Other (Please State)** |

**Booking Details -** Please choose three possible dates and times for your training:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Choice** | **Second Choice** | **Third Choice** |
| Date |  |  |  |
| Time |  |  |  |
| Number of Delegates |  |  |  |

**We kindly ask you to provide a register of attendance after the training delivery day.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you provide the venue? | Yes | | No | |
| If yes, please give address if different from below. |  | | | |
| Will you provide access to: | Laptop | Projector | Screen | Wi-Fi |

|  |  |
| --- | --- |
| Organisation: |  |
| Office Address: |  |
| Office Postcode |  |
| Named Contact: |  |
| Contact Email: |  |
| Contact Work Phone: |  |
| Manager's Name: |  |
| Manager's Job Title: |  |
| Manager's Email: |  |
| Manager's Phone Number: |  |

**Invoice Address**

|  |  |
| --- | --- |
| Invoice Reference: |  |
| Invoice Address: |  |
| Invoice Postcode |  |

**PCC/Schools Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide Cost Centre Codes (ENT/CC/ACCT/LCC/LACCT) |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Please let us know if you have any additional needs that we will need to consider so that you can access / participate in the training: |  | |
| Are you happy to be contacted to complete post training evaluation to help us measure how effective the training is? | Yes | No |

To book your Single Agency Training, please return this form to: [pscptraining@portsmouthcc.gov.uk](mailto:pscptraining@portsmouthcc.gov.uk)