



Solihull Local Safeguarding Children Board Training Booking Form

Please complete all sections of the booking form and return by post, email or fax.

Confirmation of places will be advised within 4 weeks of the course date

Incomplete forms will be returned without a place being held on the course requested.

Name:		Please indicate your agency for monitoring purposes: <input type="checkbox"/> Birmingham & Solihull MHFT <input type="checkbox"/> Birmingham & Solihull NHS Cluster <input type="checkbox"/> CAF/CASS <input type="checkbox"/> Early Years non maintained <input type="checkbox"/> HoEFT – Acute Service <input type="checkbox"/> HoEFT – Community Health Services <input type="checkbox"/> IYSS (YOS, Connexions, Youth Services) <input type="checkbox"/> SMBC – Adult Social Care <input type="checkbox"/> SMBC – Children’s Social Care <input type="checkbox"/> SMBC – Other Staff (including Elected Members) <input type="checkbox"/> Solihull Community Housing Ltd <input type="checkbox"/> Staffordshire and West Midlands Probation Trust <input type="checkbox"/> UK Border Agency <input type="checkbox"/> West Midlands Police <input type="checkbox"/> Other (please state) <input type="checkbox"/> Schools & Colleges (please state) <input type="checkbox"/> Third Sector (please state) 	
Team/Department:			
Job Role:	Time in Post:		
SMBC & School Staff: Employee Number			
SMBC & School Staff: Cost Centre			
Address:			
Telephone no:			
Email:		Course Title:	
Manager’s name & email address:		Course date:	
Please tick to indicate your Manager has authorized you to attend the training course applied for <input type="checkbox"/>		Alternative dates: please provide where possible	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Group: <input type="checkbox"/> under 25 <input type="checkbox"/> 26-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> over 50	White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background
Asian or Asian British: <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	Mixed: <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other mixed background	Other Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> I do not wish to specify my ethnicity
If you should fail to attend and not be replaced by an appropriate substitute, your agency will be charged unless more than 24 hours notice is given. Please refer to our cancellation policy on our website: www.solihull.gov.uk/staysafe. By submitting this form you are agreeing to these terms and conditions.			
Delegate Signature:		Do you consider yourself to have a disability? If yes, please indicate to enable the trainer to make the necessary adjustments	
Submission of this form does not guarantee a place on the requested course. For full details of allocation of places, please refer to the training brochure, or the training pages of the Solihull LSCB website: www.solihull.gov.uk/staysafe PLEASE ALSO NOTE THAT LUNCHES WILL NOT BE PROVIDED ON ANY LSCB COURSES.			
If you require any further information, please contact:	Email: lsbctrain@solihull.gov.uk	Post: Solihull LSCB The Bluebell Centre West Mall, Chelmsley Wood B37 5TN	Telephone: (0121) 788 4478 Fax: (0121) 788 4414
Please note that in accordance with the Data Protection Act 1998, your details in relation to attendance at this event will only be used for analysis, evaluation, monitoring and statistical purposes. Your information may be shared with other agencies in connection with the Solihull Local Safeguarding Children Board activities, plans and policies			