**SAFEGUARDING BOARD**

**COURSE APPLICATION FORM 2024/ 2025**

We are currently running a manual booking system for courses whilst we await our new on line Training System. There will be firm criteria applied when considering any application made to ensure maximum impact of training is achieved across the partnership. Should courses be fully subscribed we will collate a waiting list and offer spaces to those colleagues who were unsuccessful at the time of application. We want to fairly allocate the availability across agencies.

**In applying for the course you are also agreeing to being one of the 25% of attendees randomly selected to be contacted after 3 months for a short training impact interview. The IOMSB value feedback which we use to ensure our training remains relevant and demonstrates the impact of training on practice.**

Please complete the following and return to the Safeguarding Board at SafeguardingBoard.CO@gov.im to apply for a place on the course.

A confirmation email will be returned to you.

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Type:** |  |
| **Delivered By:** |  |
| **Level:** |  |
| **Venue:** |  |
| **Start & Finish Date & Time:** |   |

**DELEGATES INFORMATION**

**Please complete with your information:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Do you have any access requirements you would like us to be aware of?** |  |
| **Role:** |  |
| **Sector:** |  |
| **Organisation:** |  |
| **Email & Contact Tel No:** |  |
| **Reason for applying for a place on this course and aligned to the Boards Competence Framework:** |  |

**Please gain authorisation from your Line Manager prior to application:**

**AUTHORISATION BY LINE MANAGER**

**In authorising this booking you are agreeing to the applicants’ attendance at training and a commit to supporting a reflective discussion on the impact of the training on their practice. Reflection helps to deepen the understanding of what was learned during the session and supports learning processes.**

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| --- | --- |
| **Line Manager Signature:** |  |
| **Line Managers Name in Full:****& Department:** |  |
| **Email & Contact Tel No:** |  |
| **Date:** |  |
| **Reason for applying for a place on this course and aligned to the Boards Competence Framework** |  |