

On-line Child Protection Training

E-Learning Application Form

Please select the course you are applying for:

- Short Foundation Course
 Core Introduction Course

ABOUT YOU

Title: Full Name : DOB:

E-mail:

Job Role:

Work Telephone: Work Mobile:

- | | |
|-----------------------------------|--------------------------|
| Five Boroughs | <input type="checkbox"/> |
| Adult Services | <input type="checkbox"/> |
| Care and Inclusion (CYPS) | <input type="checkbox"/> |
| Community & Voluntary Sector | <input type="checkbox"/> |
| CAFCASS | <input type="checkbox"/> |
| Chief Executive's | <input type="checkbox"/> |
| Engagement (CYPS) | <input type="checkbox"/> |
| Environmental Services | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> |
| Hindley YOI | <input type="checkbox"/> |
| Independent School | <input type="checkbox"/> |
| Learning and Attainment (CYPS) | <input type="checkbox"/> |
| Management and Development (CYPS) | <input type="checkbox"/> |
| NHS Trust | <input type="checkbox"/> |
| PCT | <input type="checkbox"/> |
| Police | <input type="checkbox"/> |
| PPQ (CYPS) | <input type="checkbox"/> |
| Probation | <input type="checkbox"/> |
| Private Sector | <input type="checkbox"/> |
| School | <input type="checkbox"/> |
| Wigan Leisure Trust (WLCT) | <input type="checkbox"/> |

Are you a volunteer? Yes No

Contact Address – Please include School/Centre Name (if applicable)

Do you work at Area: West East Central Borough-Wide

N.B. An email address is an essential requirement as this will be used for sending non confidential log in and course details. Please contact the Workforce Strategy Team if this presents a problem.

When completed, this form should be forwarded to: WSCB Training Officer, Children's Workforce Strategy Team, Progress House, Westwood Park Drive, Wigan WN3 4HH.