

Course Application Form

Part 1

Applicant Details:

Title: Full Name:

Address and contact details - please complete either option a) or b) as relevant.

a) Work Address: (if hospital based please state ward)

.....

..... Post Code:

Telephone: Fax:

E-mail:

Job Role:

b) Home Address: (**only if you are registered self employed**, eg childminder, independent teacher/social care worker)

.....

..... Post Code:

Telephone: Fax:

E-mail:

Job Role:

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

Organisation/Sector:

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

Are you a volunteer? Yes No

Course Details:

(1) Course Title & Code:

Course Date: Course Venue:

(2) Course Title & Code:

Course Date: Course Venue:

(3) Course Title & Code:

Course Date: Course Venue:

(Please pencil the dates in your diary and await confirmation)

Do you have a disability? Yes No

Do you require any special access requirements?
(eg Loop system) Yes No

If yes, please give details:

Do you have any special dietary requirements? Yes No

If yes, please give details:

Safeguarding - Please complete the following if you are applying for Wigan Safeguarding Children Board (WSCB) Training only.

Attended own agency safeguarding induction

Had sight of WSCB induction DVD

Incomplete forms will not be accepted.

Applicant's signature: Date:

Line Manager (use only where appropriate): I fully support the above application.

Line Manager's signature: Date:

(please print name) Position:

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

E-mail address for forms: k.oliver@wiganmbc.gov.uk

E-mail address for WSCB training forms and queries: wscbtraining@wiganmbc.gov.uk

Course Application Form

Part 2

Please note if you have completed this information when applying for a previous training course than you do not need to complete Part 2 again.

General Information

For the purpose of data protection and monitoring equal opportunities, please complete the following details:

Male Female Date of Birth:

Ethnic Origin:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

- Libyan
- Any other ethnic background

I do not wish an ethnic background category to be recorded