

# Course Application Form

**Incomplete forms will not be accepted**

## Part 1

### (i) Applicant Details (mandatory)

Title: ..... Full Name: .....

Date of birth .....

**(ii) Address and contact details** - please give work address (unless you are registered self employed e.g. childminder, independent teacher, social care worker)

a)  Work Address: (if hospital based please state ward) **OR**  Home address; *please tick one box*

.....  
 ..... Post Code: .....  
 Telephone: ..... Fax: .....  
 E-mail: .....  
 Job Role: .....

### (iv) Organisation / Sector:

- Five Boroughs NHS Trust
- Adult Services
- Community & Voluntary Sector
- CAFCASS
- Chief Executive's
- Children & Young People's Services (CYPS)
- Environmental Services
- Housing
- Hindley YOI
- Independent School
- NHS Trust (WWL)
- Primary Care Trust (ALWPCT)
- Police
- Probation
- Private Sector
- School
- Wigan Leisure & Culture Trust (WLCT)

**(v) Locality** *If the team or service you work in is targeted at one of Wigan's localities- either because you have premises open to the public , or because you are organized to respond to requests from that area - please tick the relevant box.*

- Wigan North & Standish, Aspull, Shevington
- Ashton, Bryn & Hindley, Abram
- Wigan South & Orrell, Billinge, Winstanley
- Golborne, Lowton & Leigh
- Atherton & Tyldesley, Astley
- Working boroughwide

**(vi) Are you a volunteer?** Yes  No

**(vii) Course Details:**

(1) Course Title and Code: .....

Course Date: ..... Course Venue: .....

*If a second course or date is requested;*

**(vii) Course Details:**

(2) Course Title and Code: .....

Course Date: ..... Course Venue: .....

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

**(viii) Do you have any additional needs, eg loop system, access or dietary, etc** Yes  No

If yes, please give details: .....

**(ix) 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

**(x) Applicant's signature:** ..... **Date:** .....

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

Line Manager's signature: ..... **Date:** .....

(please print name) ..... **Position:** .....

**(xii) When completed, this form should be forwarded to:**

Safeguarding Children, Learning and Development, Haigh Hall, Haigh Country Park, Wigan WN2 1PE

E-mail address for WSCB training forms and queries: [wscbtraining@wiganmbc.gov.uk](mailto:wscbtraining@wiganmbc.gov.uk)

**Please note that electronic forms will need manager's confirmation in place of signature**