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| **JOINT SAFEGUARDING CONFERENCE APPLICATION FORM**  **22 September 2017 Easthampstead Park Conference Centre** | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE COMPLETE IN FULL – INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT** | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | |  | | | | | | | JOB TITLE | | | | |  | | | | | | |
| ORGANISATION | | | |  | | | | | | | | | | | | | | | | | | |
| ORGANISATION TYPE | | | | Local authority | | | | Health Trust | | | | | | | Education | | | | Voluntary sector | | | |
| Police | | | | Other (please state) | | | | | | | | | | | | | | |
| CONTACT ADDRESS | | | |  | | | | | | | INVOICE ADDRESS  (if different) | | | | |  | | | | | | |
| EMAIL | | | |  | | | | | | | TELEPHONE | | | | |  | | | | | | |
| LINE MANAGER NAME | | | |  | | | | | | | LINE MANAGER EMAIL | | | | |  | | | | | | |
| FEE | | | | | | | | | | | | | | | | | | | | | | |
| COURSE FEE | | | | | £60.00\* | | | | | | PURCHASE ORDER NO. | | | | | |  | | | | | |
| We will invoice your organisation after the conference. All non-RBC Local Authorities and Health Trust staff must provide a purchase order number, as well as organisations that require a PO to pay invoices. Such applications received without a PO number cannot be accepted and will be returned to you. | | | | | | | | | | | | | | | | | | | | | | |
| **WORKSHOPS Please select TWO workshops to attend** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Safeguarding and neurological conditions | | | | | | | | |  | | | | 4 – Self-Neglect and Hoarding | | | | | | | |  | |
| 2 – Bullying and Cyberbullying | | | | | | | | |  | | | | 5 – Attachment and Trauma | | | | | | | |  | |
| 3 - Self-Harm and Suicide | | | | | | | | |  | | | |  | | | | | | | |  | |
| DO YOU HAVE ADDITIONAL NEEDS? | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | | | | | | | |  | | | **NO** | | | | | | | | |  |
| Hearing | |  | Visual | | |  | Learning | | | | |  | | Mobility | | | |  | | Dietary | |  |
| Other | |  |  | | | | | | | | | | | | | | | | | | | |
| Please state how we can support you: | | |  | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | | | | | | | | | | | | | | | | | | | | | | |
| *In signing this application I confirm:*   * I have kept a record of the course date requested. * I have read the conference programme and I am aware of the learning outcomes. * I have read and understand the course charging and cancellation policy\*. | | | | | | | | | | | | | | | | | | | | | | |
| MANAGER SIGNATURE | | | | |  | | | | | | | | | | | | | | | | | |
| APPLICANT SIGNATURE | | | | |  | | | | | | | | | | | | | | | | | |
| Please return fully completed form to: | | | | | | | | | | | | | | | | | | | | | | |
| Learning & Workforce Development, Reading Borough Council, Civic Offices, Bridge Street, Reading, Berkshire, RG1 2LU Email: [training@reading.gov.uk](mailto:training@reading.gov.uk) | | | | | | | | | | | | | | | | | | | | | | |

You will receive email notification of your place at the conference from Payroll&Pensions@reading.gov.uk. Workshop allocation will be confirmed on arrival at the conference. (If a workshop you have applied for is fully booked, we will contact you to offer you an alternative workshop).

*Cancellation less than 7 days before the conference date or un-notified non-attendance will incur a £75 fine.*