

STAFFORDSHIRE SAFEGUARDING CHILDREN BOARD
 NOMINATION FORM – **(Please complete in capital letters)**
 Nominations should be returned to the 'Link Manager' in your agency

TITLE OF COURSE:

DATE OF COURSE	VENUE		
I AM HAPPY TO RECEIVE JOINING INSTRUCTIONS BY EMAIL	EMAIL ADDRESS: (Please print)		
NAME			
EMPLOYING AGENCY		DEPT	
STAFFS COUNTY COUNCIL EMPLOYEES ONLY	Pay Ref. No.		
JOB TITLE			
WORK ADDRESS POST CODE IS COMPULSORY (if not included the form will not be processed)		Billing Address (please complete)	
TELEPHONE NUMBER			
<i>Have you completed your in-house or SSCB e-learning Level 1 Recognition & Response to CP Training?</i>	YES	NO	Date:
<i>Have you completed SSCB Working Together to Safeguard Children Training?</i>	YES	NO	Date:

Have you any specific requirements that need to be met e.g. access, loop system etc?

Type of organisation Statutory Contributing Statutory Non-Contributing Local Voluntary
 Independent School/Academy/Organisation National Charity
 Local Charity Number

Your Signature		Date
Line Manager's	Signature	Print Name
		Date

You will be notified approximately 6-8 weeks before the event whether or not you have a place

Signature is a statement of intent that you will attend the course specified and that you consent to the information given on this form being stored on a database to record & report attendance.

FAILING TO ATTEND or CANCEL MAY RESULT IN A CHARGE
See www.staffscb.org.uk for details

SSCB Link Manager's Signature		Date
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