

Training Application Form



County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Name

Job title

Organisation

Contact number

E-mail

Work address

Organisation type

DCC

TEWV

NHS
Darlington

NHS
Durham

CDDFT

Independent
sector

Voluntary
sector

Please discuss attendance on this course with your line manager and ensure there is sufficient cover to let you attend the course before you select a date

**IT IS ESSENTIAL THAT YOU HAVE COMPLETED
ALERTER TRAINING PRIOR TO ATTENDING
FURTHER MODULES OF THE COURSE**

Please indicate which course and dates you wish to attend

Course
title

Preferred
dates

Venue

AM or PM
session

(Please indicate unless all day)

AM/PM

AM/PM

AM/PM

Please return completed forms to;
Safeguarding Training, Children & Adults Services, Room 2/37,
County Hall, Durham. DH1 5UL