

**Child Protection and Safeguarding Update Training session  
Wednesday 14<sup>th</sup> May 2008**

**Is your training up to date?**

**Are you the school's designated person or deputy for child protection?**

**You are required by law to have undertaken the recognised course and attend an update course every two years.**

This update course is for School Designated Headteachers and Teachers for child protection and designated Governors for child protection, who have undertaken the basic in-house child protection course two years or more ago.

The session will be in the morning of **Wednesday 14<sup>th</sup> May 2008**.

9.00am for 9.30am start – noon.

It will be held at the South Green Park, Mattishall, Norfolk.

Applicants must complete the booking form attached and returning it to Sara Callam, Room 3 County Hall, or fax to 01603 219050.

Closing date for applications is 2<sup>nd</sup> May 2008.

For more information contact Grace Cheese, Child Protection Officer (Schools & Settings). Tel: 01603 223473.



## Children's Services

### LEARNING & DEVELOPMENT APPLICATION FORM

#### COURSE/EVENT DETAILS

<b>Title of Course/ Event</b>	Child Protection & Safeguarding Update Course for Designated staff in Schools
<b>Course Code</b> <i>(if applicable)</i>	
<b>Date(s)</b> <i>(please specify)</i>	14 <sup>th</sup> May 2008 AM (9.00am for 9.30am start–noon)
<b>Venue</b>	South Green Park, Mattishall
<b>Closing date</b>	2 <sup>nd</sup> May 2008
<b>Training Officer</b>	Sara Callam ( Children's Services Room 3, County Hall)

#### YOUR DETAILS

<b>First name</b>	
<b>Last name</b>	
<b>Job title</b>	
<b>SCHOOL</b>	
<b>Service area</b> <i>(please tick one box only)</i>	<input type="checkbox"/> Areas – <i>please also circle one of these...</i> Central / Eastern / Northern / Southern / Western / County
<b>Date you attended the 1 day child protection course for designated teachers</b>	<i>Note: Places will be allocated to those who have undertaken recognised training two years or more ago only.</i>
<b>Work address</b>	<b>Postcode:</b>
<b>Work telephone</b>	
<b>Work mobile</b>	
<b>Work email</b>	
<b>Special requirements</b> <i>(eg access, sensory, dietary)</i>	

## APPLICANT'S STATEMENT

What skills/knowledge will you gain from participating in this course/event?
How will you use these in your work?
How will your learning benefit (a) your service users and (b) your school?
Which of your appraisal targets, competencies or identified development needs does this programme relate to?

## MANAGER'S STATEMENT

How will the applicant be supported to put their learning into practice?
How will you measure that the learning has been integrated into practice?

## SIGNATURES:

**We have both studied the relevant course/event information and have agreed:**

- how this training supports appraisal/personal targets
- to the programme requirements in terms of time and study commitments

Applicant's signature		Date	
Line Manager's signature		Date	
Line Manager's name <i>(please print)</i>			

## **THANK YOU**

Please return this form to : Sara Callam, Children's Services, Room 3, County Hall  
or by fax to 01603 219050

*(Please do not return the form to Grace Cheese)*

## FOR OFFICE USE ONLY:

Budget approved by		Date	
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