**Redbridge Safeguarding Adult Board (RSAB)**

**Training Nomination Form**

*Please ensure you have read the training terms and conditions*

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| **Training title** |  |
| **Date of course**  |  | **AM PM**  |
| **Name of applicant**  |  | **MR MRS MS MISS DR** |
| **Job title** |  |
| **Full work address** *(including postcode)* |  |
| **Telephone number** |  |
| **Email address (work)** *(all correspondence will be sent to this address)* |  |
| **Line managers name** |  |
| **Agency/Temporary staff**  | **Yes No Other** |
| **External staff**  |  |
| **Charity registration number** *(if applicable)* |  |
| **Please list any special** **assistance you may need** |  |
| **What do you want to achieve from attending the session?** |  |
| **Non-Attendance** **In line with the terms and conditions, there will be a charge for non-attendance, please ensure the appropriate sections are completed below.** |
| **External staff - invoice address** *(if different to the above address)* |  |
| **I can confirm that I have read and accepted the terms and** **conditions and have consent from my line manger to attend.** | **Signed & Dated**  | **Please tick to confirm you have consent from your line** **manager to attend** |

**All nomination forms need to be completed in full.**

**Once you have consent from your line manager to attend the course, please email the form to learning.development@redbridge.gov.uk**