**Redbridge Safeguarding Adult Board (RSAB)**

**Training Nomination Form**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**