**LLR Multi-Agency Safeguarding Training 2020**

**Course Information Template**

Please provide the appropriate information to support the promotion of the course and to aid potential attendees in choosing a course most appropriate to their role.

This information will also help to support the analysis of contributions made to the Training Programme.

Please return completed forms to lscbtraning@leicester.gov.uk

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| **LEAD ORGANISATION** |
| **Name of Organisation:**  |
| **Name of contact for administration and co-ordination (person to send the course materials to and to liaise with regarding course bookings)**

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| **Name** | **Job title**  | **Email**  | **Phone number**  |
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**Please also provide the named person and address if a paper copy of the course pack is required (certificates and evaluation forms)**

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| **Named person for course pack to be sent to** | **Address**  |
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**Name of Emergency Contact – if any issues arise on the training day**

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| **Name**  | **Job title**  | **Email**  | **Phone number**  |
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**Name of Trainer/s**

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| **Name** |
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| **COURSE DETAILS** |
| **Course Title:** *(including type of event)* **(Please confirm if this course LLR wide or for one area only)** |
| **Target Audience:** |
| **Course Date(s) & Times:***(Please try and avoid other course deliveries where possible. Details of all upcoming events are available on the LSCB website -* <http://lrsb.org.uk/upcoming-events>*) ).*  |
| **Venue:** *(Full address)***Parking Details for Attendees:** *(Please add specific details for Email Reminders)***Lunch:** *(Please add specific options available – if applicable)* |
| **Course Capacity:** *(Including min & max numbers)*Minimum Maximum  |
| **Pre-Requisite Knowledge** *(required to attend course)* |
| **Session Aims:***(Please provide a couple of sentences outlining the* ***purpose of the course****)* |
| **Session Objectives:** *(Please provide specific learning objectives that the delegate is expected to take away from this event)* |
| **‘Safeguarding Competencies’ met by the course** *(please detail the key Competency Groups which will be met by this course. Please refer to the following link for further information –* <http://lrsb.org.uk/uploads/competency-framework.pdf>*)* |
| **Pre-course Documents** *(please indicate preference for each item)* Paper Copy (posted) Electronic CopySigning In Sheet [ ]  [ ] Evaluation Form(s) [ ]  [ ]  Certificates [ ]  [ ]   |
| **Course Handouts***Please indicate whether you will be providing an electronic copy of the course handouts prior to the training to be sent out to all delegates. If yes please forward to* lscbtraning@leicester.gov.uk *together with this document.* |