**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](mailto:lcitylscb@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)**   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Job title** | **Email** | **Phone number** | |  |  |  |  | |  |  |  |  |   **Please also provide the named person and address if a paper copy of the course pack is required (certificates and evaluation forms)**   |  |  | | --- | --- | | **Named person for course pack to be sent to** | **Address** | |  |  |   **Name of Emergency Contact – if any issues arise on the training day**   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Job title** | **Email** | **Phone number** | |  |  |  |  |   **Name of Trainer/s**   |  | | --- | | **Name** | |  | |  | |  | |
| **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 Copy  Signing 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](mailto:lcitylscb@leicester.gov.uk) *together with this document.* |