|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DELEGATE DETAILS** | | | | | |
| **First Name** | Click here to enter text. | | **Surname** | Click here to enter text. | |
| **Parish** | Click here to enter text. | | | | |
| **Role in Parish** | | Click here to enter text. | | | |
| Click here to enter text. | | | | | |
| **Email address** | | Click here to enter text. | | | |
| **Tel No** | | Click here to enter text. | | | |
| **Are you over 18 years of age?** | | | YES  NO | | |
| **COURSE DETAILS** | | | | | |
| **Name of course** | | Click here to enter text. | | | |
| **Date** | | Click to select date. | **Location** | | Click here to enter text. |
| **If your first choice is not available, please give an alternative** | | | | | |
| **Date** | | Click to select date. | **Location** | | Click here to enter text. |
| **ADDITIONAL INFORMATION REQUIRED FOR FULL DAY COURSE ONLY** | | | | | |
| Do you have a dietary requirement? | | | YES  NO | | |
| If **YES**, please give details | | | Click here to enter text. | | |

**NOTE – FOR CHILD SAFEGUARDING LEVEL 2 ONLY**

If you wish to attend level two Child Safeguarding training you **MUST** be one of the following:

* A member of the Clergy
* A leader/coordinator/deputy from a Church activity which involves children
* Key personnel with responsibility for safeguarding, e.g. advisor or support personnel
* PSC Chair or deputy

**Please return the FULLY COMPLETED form to** [office@soddc.org](mailto:office@soddc.org)

**You will receive confirmation of your booking by email**

***PLEASE ENSURE TO ADVISE YOUR PARISH SAFEGUARDING COMMITTEE CHAIR PERSON THAT YOU HAVE BOOKED ONTO A COURSE.***