## Safeguarding Training Booking sheet





## **Contact Information**

| Full Name               |  |
|-------------------------|--|
| Centre                  |  |
| Email Address           |  |
| Phone Number            |  |
| Address (optional)      |  |
|                         |  |
| Training Details        |  |
| Title of the Training   |  |
| Date(s) of the Training |  |
| Time(s) of the Training |  |
| Location/Venue          |  |
| Number of Participants: |  |
| Additional Requirements |  |
|                         |  |

## **Equipment Needs**

| Please advise if available ; |            |                 |           |          |  |  |  |  |  |
|------------------------------|------------|-----------------|-----------|----------|--|--|--|--|--|
|                              | Whiteboard | Large Screen TV | Projector | Speakers |  |  |  |  |  |

## **Any Special Accommodations**

| Any opecial Accom             | nouations |  |       |  |  |
|-------------------------------|-----------|--|-------|--|--|
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|                               |           |  |       |  |  |
| Signature/Confirmation:       |           |  | Date: |  |  |
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