**Early Years Training Booking Form – Summer 2022**

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| **Basic Safeguarding Awareness Training**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the Basic **Safeguarding Awareness Training on Microsoft Teams** |
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| **Wellbeing Session**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the Basic **Wellbeing Session on Microsoft Teams** |
| **Early Years ACE’s Awareness Training**  **Part 1**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ACE’s Awareness Training Part 1 on Microsoft Teams** |
| **Early Years ACE’s Training**  **Part 2**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ACE’s Training Part 2 on Microsoft Teams** |
| **Attachment Training**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission to share my/our information with Torfaen Education Service and understand my email address will be visible to other delegates to be able to access the online A**ttachment Training on Microsoft Teams.** |
| **Family Links Early Years Team Training**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission to share my/our information with **Family Links** |
| **Designated Safeguarding Lead**  **Training**  **FREE** | **Name:** | **Date:** | **Email:** | I/we give permission to share my/our information with **Children in Wales** understand my email address will be visible to other delegates to be able to access the online Designated Safeguarding Lead **Training on Microsoft Teams.** |
| **Children’s Rights Training**  **£20 per person**  **Payment to be made within 48hrs of booking to secure place** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **Children’s Rights Training** **on Microsoft Teams** |

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| **Paediatric First Aid**  **£20 per person**  **Payment to be made within 48hrs of booking to secure place** | **Name:** | **N/A** | **Email:** | I am/we are happy for the information to be passed to RT Safety for access to the online part of the **Paediatric First Aid Training.**  **I understand it is my responsibility to complete the online part of the training to be able to complete the practical element of the course.** |
| **ALN Module 1 Training**  **Morning** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 1** **on Microsoft Teams** |
| **ALN Module 1 Training**  **Evening** | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 1** **on Microsoft Teams** |
| ALN Module 3 Part 1 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 3 part 1 on Microsoft Teams** |
| ALN Module 3 Part 1 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 3 Part 1 on Microsoft Teams** |
| ALN Module 3 Part 2 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 3 Part 2** **on Microsoft Teams** |
| ALN Module 3 Part 2 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 3 part 2 on Microsoft Teams** |
| ALN Module 4 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 4 on Microsoft Teams** |
| ALN Module 4 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 4** **on Microsoft Teams** |
| ALN Module 5 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 5 on Microsoft Teams** |
| ALN Module 5 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 5 on Microsoft Teams** |
| ALN Module 6 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 6** **on Microsoft Teams** |
| ALN Module 6 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 6** **on Microsoft Teams** |
| ALN Module 7 Training  Morning | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on the **ALN Training Module 7** **on Microsoft Teams** |
| ALN Module 7 Training  Evening | **Name:** | **Date:** | **Email:** | I/we give permission for my/our email address to be visible to other delegates on **the ALN Training Module 7** **on Microsoft Teams** |

**I confirm that I/we have ticked the relevant statement above to be able to access the specific training course/s**

**I confirm that the following is in place to access the training courses specified:**

* **A good internet connection to access Microsoft Teams**
* **A fully working camera as this will need to be left on at all times throughout the training**
* **A microphone (as the courses are interactive)**
* **A quiet area where there are no distractions**

**Please note - the following information below will need to be adhered to access any online training.**

**If you haven’t access to a working camera and microphone you will not be able to attend the course.**

**Please do not try and access the training if you cannot adhere to these conditions as you will be asked to leave.**

**Late attendees will not be accepted onto the training.**

**The £20 non-attendance fee had been waivered through the Pandemic but due to the high volume of non-attendance we are experiencing the fee has now been reinstated. 24hrs cancellation notice is required.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

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| OFFICE USE |  |
| Payment of £20 Received  Paediatric First Aid  Children’s Rights Training  Place Allocated | Yes/No  Yes/No  Yes/No |