Booking Form

Name:	**Please indicate your agency for monitoring purposes:**
	☐ Solihull Council
Job Role:	☐ Solihull Community Housing
	☐ Solihull NHS Clinical Commissioning Group
	☐ BSMHFT
	☐ Coventry and Warwickshire Partnership
Work Address:	☐ Heart of England Foundation Trust – Acute Services
	☐ Heart of England Foundation Trust – Community Services
	☐ National Probation Service
	☐ Pension Service
	☐ West Midlands Ambulance Service
	☐ West Midlands Police
	☐ West Midlands Fire Service
	☐ Care/Nursing Home (please give details)
	………………………………………………………………
Work telephone no:	☐ Domiciliary Care Agency (please give details)
	………………………………………………………………
Work mobile no:	☐ Third Sector/Voluntary Organisation (please give details)
	………………………………………………………………
E-mail:	☐ Private and Independent Sector (please give details)
	………………………………………………………………
	☐ Other (please state)
	………………………………………………………………
Course Title:	**Course date and time (AM/PM):**

Do you consider yourself to have a disability? If yes, please indicate so we can make the necessary adjustments

Manager's name:

Please tick here to indicate that your Manager has authorised you to attend the training programme: ☐

Manager's email address:

If you should fail to attend, your agency may be excluded from further training or even charged.

For equality monitoring purposes we would be grateful if you would complete the following section, however, if you choose not to do this will not affect your request for training.

Gender:	Age Group:	White:	Black or Black British:
☐ Male	☐ under 20	☐ British	☐ Caribbean
☐ Female	☐ 20-29	☐ Irish	☐ African
	☐ 30-39	☐ Any other white background	☐ Any other black background
	☐ 40-49		
	☐ 50-65		
	☐ over 65		

Asian or Asian British:	Mixed:	Other Ethnic Group:	
☐ Bangladeshi	☐ White & Black Caribbean	☐ Chinese	☐ I do not wish to specify my ethnicity
☐ Indian	☐ White & Asian	☐ Any other ethnic background	
☐ Pakistani	☐ White & Black African		
	☐ Any other mixed background		

RETURN BY EMAIL, POST OR FAX

Email:	**Post:**	**Telephone:**
ssab@solihull.gov.uk	**Solihull Safeguarding Adults Board**	**(0121) 788 4387**
	2nd Floor, West Mall	
	Chelmsley Wood. Solihull	**Fax:**
	B37 5TN	**(0121) 788 4414**

Please note that in accordance with the Data Protection Act 1998, your details in relation to attendance at this event will only be used for analysis, evaluation, monitoring and statistical purposes.