

COURSE BOOKING FORM (Part 2)

Boundaries

This training programme is open to all our partner agencies to use. There are, however, instances in which boundary issues may arise between the training provider and individual participants on the courses, especially if they are a client of the training provider. In order to address this we will endeavour to ensure that training providers are made aware of the participants they are due to train prior to the event. Wherever concerns or conflicts arise, we shall try to provide for a suitable alternative arrangement.

Medical: Do you have any medical information we should know about? (Please state):

Learning: Do you have any learning information we should know about? (Please state):

Previous training courses attended: (Please tick in boxes) Please note you must complete basic courses before attending Intermediate training courses.

Own agency introduction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Basic Drug Awareness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Basic Alcohol Awareness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Basic Stimulant Training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please also state the relevance of the course to your role:

Applicant's signature:

Date: / /

Line Manager's use only (Where appropriate) I fully support the above application:

Line Manager's signature:

Print Name:

Date: / /

Telephone:

Email: