

**TIME TO LISTEN WORKSHOP**

**Booking Form**

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| Workshop Name | **Time to Listen** | Venue | **Loughborough University** |
| Date | **28th Jan 2015** | Time | **6-9pm** |

Please complete the requested information below in FULL on this form and return to:

eastmidlands@englandnetball.co.uk

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| --- | --- |
| Delegate Name |  |
| Landline Tel No |  |
| Mobile No |  |
| Email Address |  |
| Postal Address |  |
| EN Affiliation No |  |
| Emergency Contact Name |  |
| Emergency Contact Tel No |  |
| Medical Information |  |
| Netball Club Name |  |
| Role at Club\* |  |
| Club Affiliation No |  |
| Club Region | East Midlands |
| Club CAPS status | Working towards □ Bronze □ Silver □ Gold □ |

|  |  |
| --- | --- |
| I have attended a *Safeguarding & Protecting Children* or equivalent course in the past | Yes  \*No |
| \* You will need to attend this prior to TTL- please advise date of course booked on | |

|  |  |
| --- | --- |
| I agree that England Netball can use the above details to register me on this Time to Listen workshop, monitor attendance and validity for CAPS purposes, and ensure adequate safeguarding training is provided. | □ |

\*Please note: if you are *not* a Club Safeguarding Officer or NDO, there is a small charge of £30 for attendance at TTL. EN funds CSOs to attend TTL in support of the CSO mandatory training.

**Thank you for completing the above details. Please return your Booking Form to: eastmidlands@englandnetball.co.uk**

**Confirmation details will be sent ahead of the course taking place**