

# ANGUS ADULT PROTECTION COMMITTEE

## TRAINING APPLICATION FORM



*(one form per applicant)*

Seminar \_\_\_\_\_

Date \_\_\_\_\_ Venue \_\_\_\_\_

Name \_\_\_\_\_ Organisation \_\_\_\_\_

Job title \_\_\_\_\_ Place of work \_\_\_\_\_

Preferred postal address \_\_\_\_\_

Telephone number \_\_\_\_\_ E mail \_\_\_\_\_

Do you have any disabilities / require any assistance? If yes please specify \_\_\_\_\_

If training is a full day event please specify dietary requirements \_\_\_\_\_

**As a result of your participation in this event you and your line manager will be asked to take part in future consultation to evaluate the impact of this training on practice.**

Signature of line manager \_\_\_\_\_

Name of line manager \_\_\_\_\_

Designation \_\_\_\_\_

*(Participants will require to have an awareness and understanding of their own agencies adult protection policies and procedures and to have undertaken some prior learning, for example, using the adult protection introduction module CD-ROM)*

**CLOSING DATE FOR APPLICATIONS WILL BE 2 WEEKS PRIOR TO THE EVENT**

Return to: Charlene Kydd, St Margaret's House,  
Orchardbank Business Park, Forfar, DD8 1WS  
e-mail: [aapc@angus.gov.uk](mailto:aapc@angus.gov.uk)