**Positive Behaviour Support**

**Parent & Carer Webinar Training Booking Form**

Please email all completed forms to:

**Email:** [nel.lda@nhs.net](mailto:nel.lda@nhs.net)

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| **CONSENT (Must be completed)**  I confirm that I am happy with my identifiable data to be shared with the following organisations in order to facilitate the request for this booking form: the host CCG and those acting on its behalf, along with any sub-contractors. In the case of a minor or vulnerable adult I confirm I have complied with the relevant legislation guidance including the Children Act 2004 and Mental Capacity Act 2005. **YES** |

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| 1. Applicants must live in the boroughs of Barking & Dagenham, Havering, Redbridge, Tower Hamlets, City & Hackney, Newham or Waltham Forest, or support someone who lives there.  2. Applicants must support someone with learning disabilities and/or autism, of any age.  This support could be as a parent, family member, fosterer or carer. | | | | | |
| **1**. **Are you, or the named person on this form a resident of one of the boroughs mentioned in criteria no.1?** | | | Yes (*Please supply Postcode)*  Enter postcode | No | |
| **2. Do you support someone with learning disabilities and/or autism?** | Yes | No | **Is the person(s) you support:** | Adult  Yes | Child  Yes |
| Questions 1 & 2 must be answered ***yes***to be considered for the training. | | | | | |

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| **Surname:** | Enter surname | **First Name(s):** | Enter first name | **Male** | **Female** | **Other** |
| **Contact Number:** | Enter number | **Email:** | Enter email | | | |
| **Address:** | Enter address inc. postcode | **Responsible CCG** *(Barking & Dagenham, Havering, Redbridge, Tower Hamlets, City & Hackney, Newham or Waltham Forest*) | | | Choose an item. | |
| **Please state your relationship to the person you support** *(parent, carer etc.)* | | | | | Click here to enter text. | |

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| **Please specify why you would like to attend this training:** |
| Click here to enter text. |
| **How will you use the skills and knowledge gained from the training within your current role?** |

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| Click here to enter text. |

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| **You are required to attend training sessions 1 & 2 in order to receive a certificate of attendance or attainment.** | |
| **I can confirm that I have read and accepted the terms and conditions:** | |
| **Name:** Enter full name | **Date:** Click here to enter a date. |
| **Are you happy to provide feedback?**  Yes | |