

**TIME TO LISTEN WORKSHOP**

**Booking Form**

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| --- | --- | --- | --- |
| Workshop Name | **Time to Listen** | Venue | **Cherry Trees Preparatory and Montessori School, Flempton Road, Risby. Bury St Edmunds, Suffolk, IP28 6QJ**  |
| Date | **Tuesday 4th December 2014** | Time | **6.30pm to 9.30pm** |

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

Nasem Khan, East Regional Coordinator – address details below.

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

|  |  |
| --- | --- |
| I have attended a *Safeguarding & Protecting Children* or equivalent course in the past | Yes [ ]  \*No [ ]  |
| \**If no*, please advise me as you will need to attend this prior to TTL. | Please contact me, Tel: 01462 428336, email: east@englandnetball.co.uk |

|  |  |
| --- | --- |
| 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 can you return your Booking Form to me:**

**Nasem Khan**

**Regional Coordinator – Netball East**

**Netball House**

**1-12 Old Park Road**

**Hitchin,**

**Hertfordshire**

**SG5 2JR**

**Telephone: 01462 428336**

**When I receive your Booking Form I will send you confirmation and full details**.