**Safeguarding Adults**

**Mate Crime, Hate Crime & Cuckooing Virtual Training**

**Course Application Form**

**Course Duration:** 3 hours

**Dates:** Wednesday 25th November 2020 or Wednesday 3rd February 2021

**Time:** 09:30am – 12:30pm

Skills For Care: <https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/safeguarding/Safeguarding.aspx>

Care Knowledge: <https://www.careknowledge.com/adults>

IAG: Safeguarding Board <http://adultsocialcare.newham.gov.uk/Pages/safeguarding-adults.aspx>

**Suitable For & Course Aims**

**(Group B and above/Level 2 & 3)**

**Learning Outcomes**

**Further Resources**

**To Attend**

For External Staff:

Please complete the application form below and email it to Adults.ServicesTraining@newham.gov.uk

For London Borough of Newham employees:

Please send an email to Adults.ServicesTraining@newham.gov.uk stating which session you would like to attend and confirm that you have the approval of your line manager

If successful, a confirmation of your place and a MS Teams link via a calendar invite will be sent to you. This will include all details on how to access the training session.

At the end of the course, participants will be able to:

* Identify those at risk of hate crime, mate crime and cuckooing.
* Implement strategies to minimise the risk to individuals in ‘at risk’ groups.
* Understand the way in which hate crime mate crime and cuckooing is defined and what national and local guidance exists.
* Understand how to safely share information in order to prevent or reduce the prevalence of such incidents.

For all staff working in front line services in Adult Social Care, Mental Health and Housing

Please fully complete the form below electronically and return to: adults.servicestraining@newham.gov.uk

**Please note incomplete forms will not be processed.**

|  |  |
| --- | --- |
| **Full Name:**(Please print in capital letters) |  |
| **Job Title:** |  |
| **Full Organisation Address:** |  |
| **Agency:** e.g. PVI (private, voluntary or independent), LBN, Health, Police |  |
| **Telephone No.** |  |
| **Work Email Address:**\*\*We will use this email address to send out confirmation of course details |  |
| **Course Title:** |  |
| **Course Date:** |  |
| **By signing the application form you agree to the terms and conditions of the London Borough of Newham cancellation policy*** Cancellations must be received at least 3 working days prior to delivery date.
* If you do not attend, or fail to attend the complete course, your cost centre/organisation will be charged to cover our costs - £50 per session
 |
| **Managers Name:** (Please print) |  |
| **Managers Signature:** |  |
| **Manager’s email address and telephone number** |  |
| **Invoice Address for external organisations** (this will be used if the cancellation fee applies) |  |
| **Please specify if you have any additional needs that you wish us to consider.** |  |

**Please await confirmation and joining instructions to confirm your place on the course.**

**For more details on how the council processes your information, please click on the following link:** [**https://www.newham.gov.uk/Pages/Services/Processing-personal-data.aspx**](https://www.newham.gov.uk/Pages/Services/Processing-personal-data.aspx)