## ACT Safeguarding Trainer Application Form

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| Name |  |
| Address |  |
| Phone number |  |
| Email |  |
| Areas of training interest | |
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| Training experience | |
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| Experience of delivering safeguarding training | |
|  | |
| Knowledge on safeguarding adults in and outside of sport and physical activity | |
|  | |
| Number of days available annually (please specify dates/days as necessary) | |
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| Relevant qualifications and short description of work experience | |
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| Why are you interested in applying to be an associate trainer? | |
|  | |
| Referees (please give contact details of 2 referees) | |
|  | |
| Other relevant information | |
|  | |
| Please complete and return to Marc Scott ([marc.scott@nottingham.ac.uk](mailto:marc.scott@nottingham.ac.uk)), Safeguarding Adults in Sport Development Manager, ACT, Centre for Social Work, University Park, Nottingham NG7 2RD. Thank you. | |