**MAPA®** **Training application form**



**The preferred method of applying for a course is online at:**

[www.shropshire.gov.uk/jointtraining](http://www.shropshire.gov.uk/jointtraining)

|  |  |  |
| --- | --- | --- |
| **Is there a current Training Needs Analysis in place for your team?** | | Yes  No |
| **Course Title** |  | |
| **Course Date** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delegate information** | **Names** | **Job title** | **Date of last MAPA® course attendance** | **NHS and Shropshire Council staff only:** Personal / employee No. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please state support that is needed** e.g. hearing loop or other specialist equipment | | | | |

|  |  |
| --- | --- |
| **Agency** *(please select the area you work within)* | |
| **SHROPSHIRE** | |
| Shropshire Council | Independent sector (social care) |
| Shropshire Community Health NHS Trust | Independent sector (non-social care) |
| Shropshire CCG | Voluntary sector (paid workers - social care) |
| Midland Partnership NHS Foundation Trust | Unpaid volunteer, family carer or service user |
| Acute Hospital (RSH &PRH) |  |
| **OTHER** | |
| Telford & Wrekin | please state: |

|  |
| --- |
| **Where did you hear about us?**  WOM  Website  Social Media  Internet  Booklet  Gov delivery  Marketing event  Press  Skills For Care  Other |

|  |  |
| --- | --- |
| **Workplace/**  **contact details** | Address: |
| Team name: |
| Phone number: |
| **Invoice address** *(if different from above)* |  |
| **Invoice email address** |  |
| **Purchase order No.**  If used by your organisation |  |

|  |  |
| --- | --- |
| **Working policy declaration:** | |
|  | We work to the multi-agency MAPA® policy |
|  | We have our own physical interventions policy |
|  | I confirm that I will advise the delegate NOT to modify, adjust or attempt to pass on MAPA® holding or disengagement strategies. |
|  | I confirm that this employee is fit to participate in the course identified, and that the requirement for this course has been agreed on the basis of information from training needs analysis and risk assessment. |
|  | Data protection – records will be held in accordance with the Data Protection Act and the Joint Training Retention Policy. Joint Training will use the data you provide for the sole purpose of training management. |
|  | I declare that the organisation is aware of this training application. I understand that any charges for attendance or non-attendance will be invoiced to the address provided and I have authority to grant this permission. |

|  |  |  |
| --- | --- | --- |
| **Line Manager name** | **Name:** | |
| **Email:** | |
| **Details of person completing this form** | **Name:** | |
| **Email:** | **Tel No:** |

**On completion, please email this form to:** [**joint.training@shropshire.gov.uk**](mailto:joint.training@shropshire.gov.uk)

Tel: (01743) 254731 or 254732 or 254734

**Data protection** - records will be held in accordance with current Data Protection legislation and the Joint Training Retention Policy. Joint Training will use the data you provide for the sole purpose of training management.