

## Nomination Form: Children First Basic Level Training

*In relation to each nominee, please answer the following:*

- 1. Does the nominee hold any Designated Liaison Person/Officer responsibility?*
- 2. Does/will the nominee hold responsibility for attendance at HSE Child Protection Conference and/or Strategy Meeting?*
- 3. Have they/will they attend a HSE Child Care Decision Making Forum e.g., Family Welfare Conference/Child in Care Plan/Review Meeting?*
- 4. Have they/will they have a role in the formulation/delivery of a HSE Child Protection Plan?*

Name	Title	Date of Training	Answer Details
			1. 2. 3. 4.
			1. 2. 3. 4.
			1. 2. 3. 4.
			1. 2. 3. 4.

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Signature of Service Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Children First Foundation Level Training aims to provide basic level training on a multi-disciplinary and inter-agency basis to ensure that key learning will occur in the sharing of knowledge, experience and perspective.**