

**TRAINING: National Open Disclosure Programme, Face to Face Skills Workshop**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name** | **Role** | **Workplace** | **Email Address *(for issue of training attendance cert)*** | **Signature** | **I hereby agree for my name and photograph to be taken by the HSE event organisers and used by the HSE for associated PR / marketing related to this event (*please tick*)** | **I also agree to be contacted by the HSE event organisers after the event for evaluation and research purposes. (tick box)** |
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