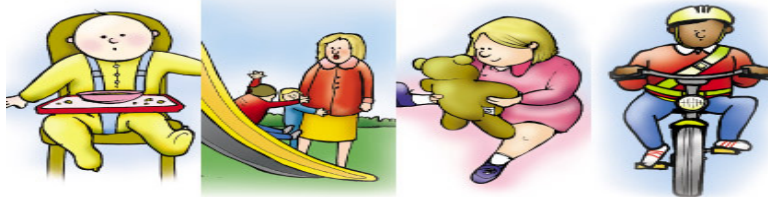




Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Application Form

for

Child Safety Awareness Programme (CSAP)

‘Training of Trainers’

One day course

This training is supported by:



Date: Tuesday May 18th 2010

Time: 10am – 4pm

Venue: Dr Steeven’s Hospital, Dublin 8 (located opposite Heuston Station, Dublin).

Please complete the following applicant details:

Name: _____

Job title: _____

Contact address: _____

Health Service Executive Region: _____

Telephone: Landline: _____ **Mobile:** _____

E-mail address: _____

Name of Line Manager: _____

What do you hope to achieve from this training?

What particular aspects would you like to see covered in this training to ensure you are equipped with the tools to enable you to become a CSAP Trainer?

Special requirements (e.g. access, diet, disabled parking):

Signature of Applicant: _____

Signature of Line Manager: _____

Date: _____

Application form must be completed and returned to the following no later than Friday May 7th 2010 to secure your place:

Ms Brenda Shannon
Dept of Public Health/Population Health Directorate
HSE – Dublin/Mid-Leinster
6 Church St
Longford

Mobile: 086 3808536 Fax: 043 3344083
E-mail: brenda.shannon@hse.ie