**This record form must be kept up to date with details of all training and inspections undertaken. Please also ensure that the personal details are kept up to date.**

**This form must be sent to** [**peter.churchill@churchofengland.org**](mailto:peter.churchill@churchofengland.org) **when requesting a badge renewal.**

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| **Personal Details** | | | | |
| Name |  | | | |
| Address |  | | | |
| Telephone |  | Mobile |  | |
| Email |  | | | |
| SIAMS Inspector No. |  | Date trained as SIAMS inspector | |  |
| Insurance policy No. and expiry date |  | DBS No and Clearance date: | |  |

|  |  |
| --- | --- |
| **Training** | |
| **(a) National *compulsory* SIAMS ongoing training** (in chronological order) | |
| **Date** | **Course** (please specify topic/title, course leader and diocese training run by) |
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| **Inspections** conducted in last academic year | | |
| **Date** | **School Name** | **School URN** |
|  |  |  |
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