**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** **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: |  |

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| **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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