

Multi-Agency  
Full Day  
Training Course

## Issues of Child Sexual Abuse

### Bookings

On attached form:

To reserve your place you must give your name, job title, address, telephone number or whether you require any special provision (e.g. vegetarian food, disabled access etc.)

*Limited places are available so please nominate as soon as possible.*

Successful applicants will be informed 3 weeks prior to the course.

If you are **unable** to attend your Line Manager **must** inform Carol Anderson ASAP so your place can be re-allocated.

(Information in relation to course attendance is recorded on a computerised database. This is for the purpose of monitoring training attendance and for statistical analysis.)

### Level 2 Training

#### Aim

- To better understand the trauma and effects experienced by a sexually abused child.

#### Learning Outcomes

Participants will have:

- An understanding of basic theory
- A raised awareness of trauma and effects
- Consider the signs and signals that indicate a child may have been sexually abused.
- Think about the barriers that prevent children from disclosing
- Developed a better understanding of your role as a professional

#### Facilitators

- Lorna Kemp, KITE
- Catherine Lennox, KITE

### Dates and Times

Wednesday 22 July 2009      9:30 am - 4:30 pm

Monday 1 February 2010      9:30 am - 4:30 pm



Please return this form to:  
**Education:** Linda Breeze, Stannington Centre  
Phone: 553 2250  
Email: linda.breeze@sunderland.gov.uk

**Health:** Sian Garnett, Pemberton House  
Phone: 529 7182  
Email: sian.garnett@sotw.nhs.uk

**Children's Services/Others:** Carol Anderson, Leechmere Training Centre, Leechmere Ind Est, Sunderland SR2 9TQ  
Phone: 566 2527 Fax: 553 6114  
Email: carol.anderson@sunderland.gov.uk

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Line Manager: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Issues of Child Sexual Abuse**

Please indicate preferred date:

\_\_\_\_\_

**I understand that in order to receive an attendance certificate it is a requirement that I attend the full session.**

DRAFT