

## SAFE PLACE PROVIDER REGISTRATION FORM

| YOUR ORGANISATION:   |          |
|--|----------|
| Name   |          |
| Department / Section:  |          |
| CONTACT DETAILS:   |          |
| Name and position  |          |
| Telephone number(s)  |          |
| e-mail address:  |          |
| Postal address:  |          |
|  |          |
|  |          |
|  | Postcode |
| SAFE PLACE VENUES:   |          |
| Address(es) of location(s) to be registered as Safe Places (continue on separate sheet if necessary) |          |

|                              |  |  |   |
|------------------------------|--|--|---|
| <b>Training requirements</b> | Awareness raising sessions are available. These last for approximately one hour and are delivered by customers with a learning disability, supported by our staff, on Wednesday mornings or Thursday afternoons. Please provide brief details of your training requirements including preferred days/times, maximum number of staff who can be available for each session etc. If training is not required for staff, please write 'none'. |  |   |
|                              | <b>Approx number of staff to attend briefing sessions</b>  |  | <b>Total number of window stickers required</b> |

**PUBLICITY:**

|  |  |  |   |
|--|--|--|---|
|  | We intend to maximise awareness of the Safe Places Scheme through publicity and recruitment campaigns, presentations, newsletters and on Leeds City Council's website. Please indicate below whether or not you are agreeable to your organisation's name and/or logo being included in any written or spoken material for this purpose. |  |   |
|  | If you are happy for your organisation's logo to be used, please provide a jpeg version when returning this form.  |  |   |
|  | <b>Yes, please include this organisation's name</b>  |  | <b>Yes, please include this organisation's logo</b>       |
|  | <b>No, please do not include this organisation's name</b>  |  | <b>No, please do not include this organisation's logo</b> |

**REGISTERING AS A SAFE PLACE:**

|  |  |
|--|--|
| <b>Please return your completed form to:</b> | Aspire Community Benefit Society<br>Westfield Chambers<br>Westfield Business Park<br>Lower Wortley Road<br>Leeds LS12 4PX<br><br><a href="mailto:safeplaces@aspirecbs.org.uk">safeplaces@aspirecbs.org.uk</a><br><br>0113 378 1919 |
|--|--|

**For Safe Place Scheme use:**

|  |  |   |  |
|--|--|---|--|
| <b>Date of Presentation (if req'd)</b> |  | <b>Training Date(s) booked (if req'd)</b> |  |
| <b>Organisation's logo received?</b>   |  | <b>Window stickers issued date</b>        |  |