**PA online training registration form:**

Direct Payment recipient……………………………………………………………….

Employer Details:

Name:…………………………………………………………………………

Address……………………………………………………………………….

Email………………………………………………………………………….

PA name…………………………………………………………………………………..

Email address…………………………………………………………………………….

Date………………………………………………………………………………………….

**Office only use:**

Confirm Funding: Adult or Child……………………………………………………….

Date link for E-lfh sent……………………………………………………………………..

**Training module** **Date completed**

Equality and Diversity and Human Rights – Level 1 …………………..

Moving and Handling – Level 1 …………………..

Preventing Radicalisation – basic prevent awareness …………………..

Resuscitation - level 1 …………………

Safeguarding adults - level 1 ………………….

Safeguarding children – level 1 …………………….

Infection prevention and control – level 1 ………………………

Email to Employer/PA/Payroll re successful completion …………………….

Payment due week number/financial year ……………………..

Registration form saved to audit file ……………………..