

Derbyshire Safe Place Scheme

Application Form for a Safe Place



To become a Derbyshire Safe Place please read the Roles of Partners included in this application pack and if you are happy and able to commit to these Roles then complete and sign the following application / declaration. Post the completed form to Safe Places Project Lead, Derbyshire County Council, Adult Care, County Hall, Matlock, Derbyshire DE4 3AG (Tel: 01629 532469). Once in receipt of this application a Safe Place Check will be undertaken. Upon completion of a Check we will be in touch to progress your application further.

Name of your Organisation / Business	
Name of Manager / Responsible Person	
Address and Postcode	Tel. No.
	Email Address:
Nature of your business (what do you do?)	
Please nominate someone from your organisation who can take responsibility for the scheme and provide their name and contact details here (if different from above). This person would be expected to ensure that staff remain aware of the scheme and the scheme continues to run smoothly.	
Please detail exact location of proposed Safe Place, eg, reception area, community area, all of building, customer services, etc	
What are your normal opening hours? (Note that you are only expected to provide assistance during your normal opening hours)	

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Number of people employed at the proposed Safe Place	
Do you want all of your staff to attend the Safe Place Information / Awareness Raising? (Note, Information / Awareness Raising for staff is provided and you are requested to allow your staff to attend)	Yes / No
If No, how many staff do you want to attend? (Note, if you do not want all of your staff to attend, then those who do attend will be expected to cascade the information to appropriate staff within your organisation)	

In relation to yourself and the staff participating in the Safe Place Scheme, are you aware of any previous convictions or other legal issue which might adversely affect your / their ability to safely offer the help which is envisaged? If Yes, please note them here.

DECLARATION

(to be signed by the owner, director or senior manager authorised to do so and who has the authority to commit the Organisation / Business to the Derbyshire Safe Place Scheme)

Derbyshire Safe Place – Roles of Partners

I have read the Roles of Partners document and on behalf of the Organisation / Business. I can confirm that I am able to fulfil these Roles.

I agree that:-

- In assessing this application, Derbyshire Constabulary and Derbyshire County Council's Trading Standards may search their systems for information about my Organisation / Business.
- Derbyshire County Council may use personal information provided by me in order to conduct appropriate Safe Place Checks.
- Derbyshire County Council may disclose details, on enquiry, about the status of my application.
- Details of my application can be held on Derbyshire County Council databases.
- The location of my Organisation's / Business's Safe Place may be accessed by the Public via website www.derbyshire.gov.uk/safeplace.
- Further information on how your personal data will be processed by Derbyshire County Council can be found at www.derbyshire.gov.uk . If you have any concerns about how your personal data is processed please call 01629 533190.

Signed:	Date:
Name:	
Position:	