**External Speaker Approval**

|  |  |
| --- | --- |
| **Lead South Tyneside Works Staff Member:** |   |
| **Location of Visit:** |   | **Date of Anticipated Visit:** |   |

|  |
| --- |
| South Tyneside Works reserves the right to be informed of all visiting guests. In allowing such guests consideration will be given to any safety issues, the topic being discussed, the background of the guest and the potential to disrupt the business or damage the good reputation of the service.This form is for all South Tyneside Works staff members who have an external guest attending their event. It should be returned to the Designated Safeguarding Lead via email at least 14 days in advance of the event.Where more than one guest will be present at an event please complete one form per guest. |
| **Designated Safeguarding Lead Details** |
| **Name** | Jennifer Wadsworth | **Contact Number** | 07971 717105 |
| **Email** | jennifer.wadsworth@southtyneside.gov.uk |

|  |
| --- |
| **Details** |
| **External Speakers Name** |   | **Organisation** |   |
| **Contact email** |   | **Contact telephone number** |   |
| Will the Event be…. |
| South Tyneside Works Staff |   |
| South Tyneside Council Staff |   |
| Sub-Contracting Organisations |   |
| Learners |   |
| Members of the general public |   |
| Other (please specify below) |   |
|  |
| Please provide a short description of the event in the box below. |
|   |

 **Content**

This should include the subject they will be speaking (if presenting) about and any other additional information you think we need

Is the event and/or guest likely to attract media interest? If yes, please describe why.

Where are you planning to promote this event? E.g. to sub-contractors only, Facebook, Posters etc.

Have you received any presentational material for this event

|  |
| --- |
| **Sign Off** |
| **Staff Member** |   | Date |   |
| **Designated Safeguarding Lead** |   | Date |   |
| **Employment and Skills Manager:** |   | Date |   |