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| **DCYA Number** | **Name of service** | **Staff Name** | **Role in Service** | **Briefing Session required**  **Mandated Persons 7th September**  **Yes or No** | **Briefing Session required**  **DLP 9th September**  **Yes or No** | **EMAIL Address**  **(This is the email address that you receive a link to access the training so you must have access to this email address)** | **Have you completed Tusla**  **E Learning Programme**  **Yes or No** | **Name of Services Designated Liaison (DLP)**  **Please include all DLP if more than one** | **Name of Services Deputy Designated Liaison Person (DDLP)**  **Please include all DDLP if more than one** |
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