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| Organisation / LA: | Click here to enter text. |
| Contact name: | Click here to enter text. |
| Job title: | Click here to enter text. |
| Address: | Address Line 1  Address Line 2  Town/City  Postcode |
| Telephone number: | Click here to enter text. |
| Email address: | Click here to enter text. |

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| Date of training: | Click here to enter text. |
| Time of training: | Click here to enter text. |
| Venue: | Click here to enter text. |
| Max. number of delegates: | Click here to enter text. |
| Training aimed at (adoptive parents, special guardians, school staff and education & social care professionals): | Click here to enter text. |

**Commissioned training courses: Commissioned bespoke training (please state content):**

The adopted child in school: Understanding   
and meeting children’s educational needs  
 All change: Supporting adopted and   
permanently placed children with transitions  
 Spending it wisely: Effective use of the Pupil  
Premium Plus  
Becoming adoption friendly schools: Support  
on the journey  
 Developing children’s executive functioning  
skills

Click here to enter text.

**Commissioned training   
(excl. VAT + travel expenses)**

Full day – one trainer  
 £798  
 Full day – two trainers  
 £1,346  
 Half day – one trainer  
 £557  
 Half day – two trainers  
 £941

**Commissioned bespoke training  
(excl. VAT + travel expenses)**

Full day – one trainer  
 £1,269  
 Full day – two trainers  
 £1,729  
 Half day – one trainer  
 £825  
 Half day – two trainers  
 £1,214

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| **Training equipment available at the venue:** | |
| Laptop: | Yes  No |
| Projector: | Yes  No |
| Screen: | Yes  No |
| Loudspeakers: | Yes  No |
| Flipchart: | Yes  No |
| Would you be able to print off the handouts? | Yes  No (an additional fee of £50 will be charged) |
| Certificates of attendance: | To be issued by the organisation which is commissioning the training (if applicable) |

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| Invoice address (if different): | Address Line 1  Address Line 2  Town/City  Postcode |
| Purchase order number: | Click here to enter text. |
| Additional information or comments: | Click here to enter text. |

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| **Cancellation policy:** | |
| For cancellations made with more than 28 days’ notice | No payment is requested |
| For cancellations made with less than 28 days but more than 7 days’ notice | 50% of the payment is requested |
| For cancellations made with less than 7 days’ notice | The full rate is requested |

Booking completed and agreed by (name): Click here to enter text.

Date:Click here to enter text.