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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 1Address Line 2Town/CityPostcode |
| 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 1Address Line 2Town/CityPostcode |
| 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.