|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please ensure all boxes are completed, before returning to:**  **Email: training.clennelleducation@gmail.com** | | | | | | | | |
| **Date of request:** | | | | **CES Consultant:** | | | | |
| **School:**  **Postcode:** | | | | **School contact name & position:** | | | | |
| **Tel number:** | | | | **Contact person’s email:** | | | | |
| **Preferred day & selection of dates for training:** | | | | **Preferred time:** | | | | |
| **Number expected at training:** | | **Venue of training: *(Other School, staff room, Hall*)** | | | | **Computer, Smart-board with audio available?** | | |
| **Training course title *Found at the top of each directory page:*** | | | **Course code: Found at the top right of each directory page** | | | **SLA:**  Enhanced / Core  *Please note: There may be a charge for some training, please check your School’s SLA* | | **ian%20sig%202Credit /charge:** |
|  | | | | | | | | |
| **Office use only:** | | | | | | | | |
| **Allocated Trainer & Date of training** | | | | | **School contacted by trainer:** | | | |
| **Notes:** | | | | | | | | |
| **Training took place?**  **Yes/No** | **Date certificates sent:** | | | **Date added to CPOMs** | | | **Date added to credit log:** | |
| **Credit/Charge:** | | | | **Invoice number:** | | | **Invoice sent date:** | |