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| **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:** | **School contacted by trainer:** |
| **Notes:** |
| **Date Certificates sent:** | **Date added to CPOMs:** | **Credit/Charge:** | **Invoice sent:** |