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**TRAINING COURSE BOOKING FORM**

**Course Details:**

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Course Date** |  |
| **Cost****(per delegate)** |  |

**Delegate Details:**

|  |  |
| --- | --- |
| **\* Name of delegate(s)**  |  |
|  **\*Role of delegate i.e. Leader, SENCo, Classroom teacher or TA** |  |
| **\*Delegate’s email** |  |
| **\*School/Setting - name and address** |  |
| **Contact telephone** |  |
| **Contact email** |  |

**\*Essential**

**Completed booking forms must be emailed to:** **smile@ifield.kent.sch.uk**

**For further information please call 01474 536924**