**Course application form for**

**Bradford Portage Service, Physical and Medical Team** (P&M),

**Cognition and Learning Team** (C&L) and **Autism Spectrum Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please complete (scan if needed) and return to:** [**tssadmin.team@bradford.gov.uk**](mailto:tssadmin.team@bradford.gov.uk) | | | | | |
| Please indicate your choice below | | | | | | | |
| **The following course is to be delivered in schools and dates are to be negotiated.**  **Costs are whole course costs.** | | | | | | | |
| C&L | | 20:20 Reading Intervention | | | | £500 | |
| P&M | | Manual Handling training | | | | £780 | |
| Autism | | Introduction to Autism- Beginners (KS1- 4) Twilight | | | | 200 | |
| Autism | | Introduction to Autism – Intermediate (KS1-4) Full day | | | | £800  £1,000 | |
| Autism | | Assessment and delivery of well-being and engagement with learning (KS2-4) Full day | | | | £800  £1,000 | |
| **The following courses are to be delivered in various locations. Costs are per person.** | | | | | | | |
| P&M | | Developing your understanding of handwriting- a practical guide 14.11.17 (AM) | | | | £50 | |
| C&L | | Supporting Children with Literacy Difficulties – A Multi-Sensory Approach *(multiple dates see course outline)* | | | | £400 | |
| Autism | | Introduction to Autism – Intermediate (KS1-4) 16.10.17 (full day) | | | | £110 | |
| Autism | | Lego Based Therapy (KS2-4) 28.11.17 (PM) | | | | £50 | |
| C&L | | The Communication Trust Progression Tools Workshop 09.11.17 (AM) | | | | £50 | |
| C&L | | How to use and interpret the GL Assessment Dyslexia Portfolio 22.11.17 (AM) | | | | £50 | |
| C&L | | Motor Skills Workshop 06.12.17 (AM) | | | | £50 | |
| Autism | | Assessment and delivery of well-being and engagement with learning (KS2-4) 06.03.18 (full day) | | | | £110 | |
| **Please type in the boxes provided / indicate choices as required:** | | | | | | | |
| **Delegate name** | | |  | | | | |
| **Delegate** **Post title** | | |  | | | | |
| **School/ establishment name**, **address** including **postcode** | | | (this is where the invoice will be sent to) | | | | |
| School tel: | | | |  | | | |
| **Delegates school email address:**  **(to confirm registration/ main correspondence)** | | | |  | | | |
| **Delegates** **mobile Tel:**  **(to contact you in cases of emergency)** | | | |  | | | |
| **Refreshments:** All food is buffet style, hot and cold drinks are provided.  (Preferences and dislikes cannot be catered for). | | | | **Dietary Requirements-** Vegetarian Diabetic  **Other** such as food allergy or intolerance  **Special Requirements:** Please tell us if you have any other special requirements other than dietary. | | | |
| **Authorised School Signature or email from Business Manager, Head /SLT**  Email will be taken as confirmation your school accept the costs and terms below: | | | | | *Sign here if not emailing* | | |
| **Acceptance terms:** Places will be allocated on a first come first served basis and your acceptance will be confirmed to you in writing via email given on this form.  **Cancellation terms:**   * These terms are for all types of cancellation reasons. All of which must be sent to us via email. * No shows and 24 hour cancellations will be charged at full price. * 2 days to 4 days notice there will be a charge of 50% * 5 days to 13 days notice there will be a charge of 25% * Cancellations received 14 days or more before the start will not be charged unless stated in the course advert.   **Invoice terms:** This course will be invoiced directly to your school/organisation.  **Private bookings** can be accepted but must be paid in full two weeks before the start of the course. | | | | | | | |