**Behaviour Specialist Teaching Team Training - Booking form**

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| **Please complete (scan if needed) and return to:** [lynda.hitchen@bradford.gov.uk](mailto:lynda.hitchen@bradford.gov.uk) | | | | | |
| Please indicate your choice below | | | | | | | |
| Title | | SEMH in the classroom - Guidance for NQTs/RQT’s – 16.06.17 (AM) | | | | £50 | |
| Title | | SEMH Children and the Early Years Environment - 04.07.17 (AM) | | | | £50 | |
| Title | | Positive Lunchtimes and Playtimes 2 sessions - 04.07.17 & ession 1 is on 03.10.17 (PM) | | | | £110 | |
| **Please type all info below only:** | | | | | | | |
| **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)** | | | |  | | | |
| **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:** A fee of £25 will be charged to cover refreshment booking unless cancellations are made in writing and received by us at least **7 working days** before the start of the course.  **Invoice terms:** This course will be invoiced directly to your school/organisation. | | | | | | | |

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| **Refreshments:** All food is buffet style, hot and cold drinks are provided.  (Preferences and dislikes cannot be catered for. However please state if generic to all foods, eg no butter on sandwiches) | |
| **Dietary Requirements** | **Please answer below** |
| I would like a Vegetarian/Halal option |  |
| I am a Diabetic |  |
| I have an Allergy/Intolerance to |  |
| **Special Requirements:** Please tell us if you have any other special requirements other than dietary. |  |

**Please email this completed form only to** [lynda.hitchen@bradford.gov.uk](mailto:lynda.hitchen@bradford.gov.uk)