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| **Please ensure all boxes are completed, before returning to:****Email: training@clennelleducationsolutions.org** |
| **Date of request:** | **CES Consultant:**  |
| **School:****Postcode:**  | **School contact name & position:** |
| **Tel number:** | **Contact person’s email:** |
| **Support required:** ***SEND focus days*** ***Consultation*** ***Full day SEND Review******Half day SEND Review******Voice activity*** ***SENCO Support/Supervision*** | [ ] [ ] [ ] [ ] [ ] [ ]  | **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:** |
| **How many hours/days required if known?** | **Preferred dates and times for support:**  |
| **Invoice Details (Include Name and email address)** | **Purchase Order Number:** |
|  |
| **Office use only:** |
| **Allocated Consultant & date form sent to Consultant:** | **Date added to credit log:** |
| **Notes: Include update to credits/charges, include any emails from consultant and school.** |
|  **Credit/Charge:** | **Invoice number:** | **Invoice sent date:** |
| **Additional Notes: Include update to credits/charges, include any emails from consultant and school.** |