|  |  |  |  |  |  |  |  |  |
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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.** | | | | | | | | |