|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | |
| **Initial Consultation arranged?**  **(If no initial consultation has been arranged, the consultant will be in touch to discuss this with you)**  **Y / N** | | **Date for Initial Consultation:** | | | | |
| **Pastoral Support Programme required: *Found at the top of each directory page:*** | **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:** |
| **Number of weeks required (6 minimum)** | | | | | | |
| **Invoice Details (Include Name and email address)** |  | | | | | |
|  | | | | | | |
| **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.** | | | | | | |
| **Additional weeks needed?** | | **Additional Weeks invoiced?** | | | | |
| **Credit/Charge:** | | **Invoice number:** | | | **Invoice sent date:** | |
| **Additional Notes: Include update to credits/charges, include any emails from consultant and school.** | | | | | | |