**COUNSELLING REQUEST FORM 23-24** *(one training course per form)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please ensure all boxes are completed, before returning to:**  **Email: training@clennelleducationsolutions.org** | | | | | | | |
| **Date of request:** | | | | **CES consultant:** | | | |
| **School:**  **Post code:** | | | | **School contact name & position:** | | | |
| **Tel number:** | | | | **School contact person’s email:** | | | |
| **Request details: PLEASE DO NOT GIVE CONFIDENTIAL INFO ABOUT PUPILS OR FAMILIES.** | | | | | | | **SLA:**  Enhanced / Core  *Please note: There may be a charge for some services, please check your School’s SLA* |
| **ian%20sig%202Referral form completed: Please see below for form – This will be sent to Counsellor and this copy will be shredded**  **Y / N** |
| **Invoice Details (Include Name and email address)** | | | **Purchase Order Number:** | | | | |
|  | | | | | | | |
| ***Office use only:*** | | | | | | | |
| ***Date Forms sent to CES Staff:*** | | ***School contacted by CES:*** | | | | ***Date added to Credit log:*** | |
| **Credit/Charge:** | **Invoice number:** | | | | **Invoice sent date:** | | |
| **Notes:** | | | | | | | |

*This form will be passed to the relevant member of CES staff, who will be in touch with you.*