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

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| **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.*