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| **Public Training Course Booking Form** | | | | | | |
| **TeacherPublic** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Organisation Details** | | | | | | | | | | | | | | | **Name of Purchasing Organisation (School/Academy/MAT/Partnership):** | | | | | | | | | | | | | | | **Main Contact:** |  | | | | **Main Contact Role:** | | | |  | | | | | | **Main Contact Email:** |  | | | **Type of Organisation:** | | | | **Academy Maintained School** | | | | | | | **Organisation Postal Address:** | | |  | | | | | | | | | | | | **Email address to invoice:** | | |  | | | | | | | | | | | | **Option 1: Pay-As-You-Go** | | | | |  | | | |  | |  |  | | | **Delegate Name** | **Delegate School** | | | | **Delegate Email** | | | | **Course Code** | | **Date** | **Cost** | | |  |  | | | |  | | | |  | |  |  | | |  |  | | | |  | | | |  | |  |  | | |  |  | | | |  | | | |  | |  |  | | | **Total Cost** | | | | | | | | | | | | **£** | | | **Option 2: Annual Package** | | | | | | | | | | | | | | | **Number of places required in package  (if not purchased yet):** | | | | | |  | **Start date for package  (if not purchased yet):** | | | |  | | | | **Cost of Package (if not purchased yet):** | | | | | | **£** | | | | | | | | | **Package reference number (if already purchased):** | | | | | |  | | | | | | | | | **Delegate Name** | | **Delegate School** | | | | **Delegate Email** | | | | **Course Code** | | | **Date** | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | |  | | **If you require more than 8 places per year, please contact Melanie Jones** [**mjones@billericayschool.com**](mailto:mjones@billericayschool.com) | | | | | | | | | | | | | | | | | | |
| **Please return completed Booking Form to:** [**mjones@billericayschool.com**](about:blank) | | | | | | | |
|  | | Places will be allocated on a first come/first served basis |  | Confirmation will be sent via email |
|  | | Further details will be sent prior to the start of the course |  | If for any reason the booking has to be cancelled, a refund will only be issued if the place can be filled |

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| **In-house Training Course Booking Form** | |
| Schoolhouse  **In-house** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Organisation Details** | | | | | | | | | | **Name of Purchasing Organisation (School/Academy/MAT/Partnership):** | | | | | | | | | | **Main Contact:** |  | | | | **Main Contact Role:** | |  | | | **Main Contact Email:** |  | | | | **Type of Organisation:** | | | **Academy Maintained School** | | **Organisation Postal Address:** | |  | | | | | | | | **Email address to invoice:** | |  | | | | | | | | **Standard In-house training** | | | | | | | | | | **Course Code:** | |  | | | | | | | | **Description of course (if bespoke):** | |  | | | | | | | | **Proposed dates for course (please provide 3 alternative dates):** | | | | | |  | | | | **Proposed venue address for course:** | | |  | | | | | | | **Proposed number of delegates (max 25):** | | | |  | | | | | | **Total Cost** | | **£** | | | | | | | |

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| **Please return completed Booking Form to: mjones@billericayschool.com** | | | | | |
|  | Places will be allocated on a first come/first served basis |  | Confirmation will be sent via email |
|  | Further details will be sent prior to the start of the course |  | If for any reason the booking has to be cancelled, a refund will only be issued if the place can be filled |

**Bespoke Solutions**

For all bespoke solutions, please contact Melanie Jones – [mjones@billericayschool.com](about:blank) – Tel: 01277 314420 to discuss your requirements.