**By completing the Training request form below the setting are agreeing to provide:**

* A commitment to send practitioners on the training or if being delivered as a whole setting inset that all staff are present and prepared to attend the whole session.
* Enthusiastic professionals who are willing to engage fully in the training, work collaboratively and complete any requested homework.
* A commitment from the setting that the ‘learning’ from the training is implemented within the settings ‘inclusive good practise’.
* The manager/ setting SENCo to ensure they monitor the impact of the training for practitioners and children.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Setting name: |  | Request completed by: | |  | | | Role |  | |
| Training requested |  | Please state preferred date/s for delivery: | | | |  | | | |
| Please indicate below your preference for training delivery | | Virtual |  | | In person |  | Either | |  |

***(Early Years Inclusion Service will attempt to accommodate this request, but this cannot always be guaranteed)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For individual practitioner request | | | | For whole setting request: *(this section should only be completed for setting training requests)* | |
| Practitioner name |  | Role: |  | Number of proposed staff attending:  PLEASE COMPLETE THE REGISTER ON THE LAST PAGE |  |

|  |  |  |
| --- | --- | --- |
| Does any practitioner due to attend the training have any special learning needs we need to know about? | Yes | Please specify: |
| No |

|  |  |
| --- | --- |
| Reason for training request: | How are you hoping this training will benefit the children and staff? |

**By completing the sections below the Early Years Inclusion Service to provide:**

* Support to the setting manager/ SENCo in monitoring the quality and on-going impact of this training during telephone consultations, email or possible subsequent visits, including using any standardised monitoring forms with the staff team.

**To be completed by the Area SENCo (if appropriate)**

|  |
| --- |
| Comments: |
|  |

**To be completed by the Early Years Inclusion Team Leader**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outcome of training request: | | | | | | | | | |
| Agreed free of charge | | | | | | | Date |  |
| Agreed charged | £10.00 | £50.00 | £75.00 | £150.00 | £300.00 | *Other:* | Signed: |  |
| Refused | | | | | | | | |
| Reason: | | | | | | | | |

|  |
| --- |
| Any additional comments: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training:** |  | **Date:** |  |
| **Venue if at the setting:** |  | | |

|  |  |
| --- | --- |
| **Name(print)** | **Role** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |