**PLEASE ENSURE YOU GIVE FULL PERSONAL DETAILS AS REQUESTED BELOW, IF THEY ARE NOT FILLED IN YOUR APPLICATION WILL BE DELAYED WHILST WE CONTACT YOU FOR FURTHER DETAILS.**

**Personal Details: Work Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  | Work Place: |  |
| Address: |  |  |  |  | Address: |  |
| Post Code: |  |  |  |  |  |  |
| Date of Birth: |  |  |  |  | Telephone: |  |
| Email: |  |  |  |  | Worker Type: |  |
| Telephone: |  |  |  |  |
| Signature: |  |  |  |

**Course Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title:** | **Date:** | **Venue:** | **Corse Code:** |
|  |  |  |  |
|  |  |  |  |

**CPD Champion use only:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CPD Champ Signature: |  |  | CPD Champ Name: |  |  | Email address: |  |  |
|  |
| I confirm that this training has been identified as a need through the setting development plan. | Yes □  | No □ |
| What does the individual/s hope to gain by attending this training? |  |  |

**Fee:**

|  |  |  |
| --- | --- | --- |
| **Total Balance due from provider:**  | £……………………. |  |
| Payment method: | Invoice. □ |  | Cheque. □ | LCC RMS cost centre: R1950  | **\_ \_ \_ \_ \_** | R195001 (booking will not be processed if not supplied) |
| (Cheques made payable to Leicester City Council). If no booking fee is enclosed, an invoice will automatically be raised.  |
| **Subsidised Fees:**I am being subsidised:  |
| Following my settings Ofsted Judgement □  | Funded Assessment & Moderation place/s □ | Embedding the learning □ (Booking fee only) |

|  |
| --- |
| Please give details of any access or special requirements for the training (see booking terms & conditions): |

Please return your form to:

Early Education Development Team

Room 17, Forest Lodge Education Centre

Charnor Rd, Leicester, LE3 6LH

Email: eedteam@leicester.gov.uk

Fax: 0116 4540790