

Request for off-site training

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| Training Details | | | | | | | | | | | | | | | | | | |
| Date(s): |  | | | Training contact: | | | | | | | |  | | Role: | | |  | |
| Telephone: |  | | | Email: | | |  | | | | | | | Address: | |  | | |
| Number of Delegates: | | |  | | | Duration: | | | |  | | | | Times: |  | | |  |
| Course Title: | | | | | | | | | | | Units/cost: | | | | | | | |
| Venue: | | | | | | | | | | | | | | | | | | |
| Training aims: | | | | | | | | | | | | | | | | | | |
| Cost Centre for Internal Transfer for **Worcestershire Schools** please complete **both** sections below (if not using units) | | | | | | | | | | | | | | | | | | |
| Internal Order: | | | | | | | | Cost Centre: | | | | | | | | | | |
| Authorised Signature: | | | | | | | | Name in Capitals: | | | | | | | | | | |
| CSSS Admin: | | | | | | | | | | | | | | | | | | |
| Date to Invoice: | |  | | | Invoice sent: | | | |  | | | | Payment received: | | |  | | |
| Evaluation score: | | | | | |  | | | | Follow up: | | | |  | | | | |