

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: |  |