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| **Name:** Trishla Bhakta  Children’s Services  Adams Court  Kildare Terrace, Whitehall Road  Leeds LS12 1DB  **Tel No.** 0113 395 1045 **Fax:** 0113 395 1099  **Email:** education.training@leeds.gov.uk | Black logo |

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**Sad Events Training**

Date: Friday 27th February & Wednesday 6th March 2015

(2 days full training)

Times: 9.00am – 16.00pm

Venue: Adams Court (Boardroom) Kildare Terrace, Whitehall Road, Leeds, LS12 1DB

Parking spaces in the car park are limited, however, there is plenty of on street parking around Adams Court

Target Group: Pastoral Staff, Learning Mentors, TAs and people who are interested in working directly with children who have had experiences of loss and bereavement

**Aim**

To provide training to enable participants to become part of the SAD Events Team

**Learning Outcomes**

* To gain an awareness of the Sad Events team process and protocol in undertaking requests for involvement
* To develop an understanding of solution focussed approach and how it can be applied to support the social and emotional well-being of children and young people who have experienced a significant loss
* To learn the use of a range of practical tools which can be applied to help children and young people to cope with their emotional responses to grief.

**Course Cost: FREE** includes refreshments PLEASE NOTE LUNCH IS NOT PROVIDED. There is a café at Dunhelm Mills, over the footbridge, or you may bring sandwiches.

**Confirmation letter:** Please ensure you have received a letter of confirmation BEFORE attending the course.

**Authorisation:** Please make sure your line manager has authorised your attendance by signing the slip

**Cancellation Arrangements:** If for any reason you need to cancel 3 working days notice is required. Cancellations made without the given notice period will be charged at full course cost. If no cancellation is received full fee is also payable.

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Please email the tear-off slip via details above to Trishla Bhakta

**SAD Events Training**

*Friday 27th February & Wednesday 6thMarch 9.00am – 4.00pm*

Course Ref: 044/046

Name of delegate:……………………………………………………………………………………………

Payroll Number:……………………………………………………………………………….

School/Organisation:………………………………………………………………………………………...

Address…………………………………………………………………………………………………………..

……………………………………………………………….Postcode………………………………………...

Email……………………………………………………………………………………………

I agree to the cost of this training to be charged directly to the school account by internal recharge or by invoice.

Name of Head Teacher……………………………………………………………………..

Signature of Head Teacher:………………………………………………………………...

Tel:……………………………………………………………………………………………..

Expenditure Code / Purchase Order Number……………………………………………...