|  |  |
| --- | --- |
| **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 |

**Seasons for Growth Re-connector**

Dates: Friday 28th November 2014

Times: 9.00am – 3.30pm

Venue: Adams Court, Boardroom, Kildare Terrace,

Leeds LS12 1DB

Target Group: Seasons for Growth Participants

**Aim**

To provide a Re-connector for those who are currently running Seasons for Growth Programmes

This is a refresher re-connector in Spring for those who are trained and would like to re –establish their skills.

**Learning Outcomes**

* To revisit Seasons for Growth Programme
* To Share Skills, experiences with comparisons
* To reflect and develop on practice on support for children

**Course Cost: £50.00** includes Refreshments. If any special arrangements required please contact us.

**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.

✂------------------------------------------------------------------------------------------------------------------------------------

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

**Seasons for Growth Re-Connector**

*Friday 28th November 9.00am – 3.30pm*

Course Ref: 026

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……………………………………………...