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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 |

**Seasons for Growth Training**

Dates: Wednesday 25th March 2015

Times: 9.00am – 3.30pm

Venue: Adam’s Court Conference Room, Kildare Terrace, Whitehall Road, Leeds, LS12 1DB

Target Group: For those who have trained as companions in S4G and would like to revisit the programme to update their knowledge and skills

**Aim**

To allow trained companions in S4G to re visit the programme and update their knowledge and skill base.

**Learning Outcomes**

* To be clear of current content and structure of S4G Programme
* To refresh practice in supporting children who have experienced loss
* To be confident in delivering S4G Programme

**Course Cost: LA Schools** £250 **Academies** £300.00 includes Refreshments and lunch on both days. 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.

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

**Seasons for Growth**

*Wednesday 25th March 2015 9.00am – 3.30pm*

Course Ref: 053

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……………………………………………...