**CPD Booking Form:**

**Please complete and return to:** courses@ekla.org.uk

**Booking form must be signed by both Headteacher and participant in**

**order to book a place(s).**

**Bookings can be taken up to 5 working days prior to date of course.**

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| **Delegate Details** |
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| **Name of Delegate** |  |
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| **Delegate Email**  |  |
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| **Position in school** |  |
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| **School name** |  |
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| **School address** |  |
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| **Invoice to:** |  |
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| **Course and Date** |  |
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| **Special Dietary Requirements/Access Requirements** |  |
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| **Booking Conditions** |
| Please note that once the booking has been confirmed, the school is responsible for paying the full course fee. The school will be invoiced by EKLA once the required numbers for the course has been reached. If a delegate is unable to attend, a substitution from your school can be made without additional charge.Failure to attend a **FREE** course or to send a substitute delegate will result in a £25 fee for the reserved place.We reserve the right to cancel a CPD course if the minimum required numbers are not reached. In the event of EKLA cancelling the course, your school will not be invoiced for the course fee.Course bookings will be taken up to 5 working days prior to course date. |

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| **Consent and how we use your information** |
| Information on the booking form will be shared with our course facilitator(s), finance and the course venue in order to organise the training, any invoicing and venue setup and catering.**By booking onto this course we will keep your information and email address on our mailing list and send you further information and updates from time to time about other EKLA programmes and events.***I would like to book a place on the above course for myself/my colleague and I agree to the above.* Signed (Headteacher) Name Email address  *I would like to book a place on the above course and I agree to the above.* Signed (Participant) Name Email address  |