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| **Training requested from Language and Autism Support Team** | | | |
| **Date(s) and time(s) required** |  | **Estimated number of people to attend & roles** |  |
| **Details of what you would like to be covered in the training.**  **Please identify main objectives** |  | **Name and address of venue:**  **Car parking facilities** |  |
| **Details of any previous training from Language and Autism Support Team, dates and subject** |  | **Relevant details of any links to school priorities to be addressed in the training.** |  |
| **How will this training be followed up in school?** |  | **Anything else we should know?** |  |
| **Details of contact person**  **Phone number:**  **E-mail:** | |  | |
| **Please purchase a specialist support package once the training has been confirmed via** [**Traded Services**](http://www.tradedservices.haringey.gov.uk/) | | | |

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| **Bespoke Specialist Support** | |
| Full day Specialist Support | £550 |
| Half Day Specialist Support | £300 |
| Bite Sized (up to 1 ½ hours) Specialist Support | £175 |