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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 |
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