

BOOST Training Request Form

Universal Offer

Client Details:

School Name	
School Address	
Contact Telephone Number	
Contact Email	
Contact Name	
Date of Request	
SENCO Name	

Needs:

Area that you feel the training needs meets:

- | | |
|---|---|
| <input type="checkbox"/> Communication & Interaction | <input type="checkbox"/> Sensory and/or physical |
| <input type="checkbox"/> Social Emotional & Mental Health | <input type="checkbox"/> Cognition, Learning, ASC |

Training Request: <i>Please detail what type of training you are requesting as part of the universal BOOST offer</i>	
Preference of Location of Training: <i>e.g. your school, off site or a specific campus of your school</i>	
Number of participants expected to attend the training:	
Job roles of the participants: <i>e.g. Teachers, TA's, SLT etc</i>	
Preference of time of day:	
Preference of date or period:	

Details of any previous training that has been accessed by the School.

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Outcomes

These are the outcomes we would like to see as a result of BOOST Support:	1.
	2.
	3.

Please list in order of priority, and complete at least 2

Please return to the appropriate outreach department:

Tregonwell: outreach@tregonwell.co.uk or Linwood: outreach@linwood.bournemouth.sch.uk

GDPR: The personal information (data) collected on this form and on the attachments, (which includes the collection of sensitive personal data) is collected for the purpose of administration and monitoring. Unless you direct otherwise (for example if you would like the application kept on file for future support) the application forms (and attachments) will be destroyed 24 months from close of involvement. It is Linwood School & Tregonwell Academy policy to protect and keep secure, all personal data collected.

Completed by (School representative): Role within School: Signature: _____ Date: _____
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Completed by (Headteacher): Name: Signature: _____ Date: _____
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