

# SSSP Section 2: EYFS Booking Form

You will receive written confirmation of whether your booking request is successful or not approximately 2 weeks prior to the start of the course. Please check the Training Plan for booking procedures and cancellation policy.

Please remember to include your payment

Name ..... Tel No .....

Address .....

Postcode ..... e-mail .....

Childcare Setting ..... Ofsted URN .....

Do you have learning difficulties you would like the tutor informed of? E.g. sight/hearing impairment, dyslexia

Yes  No  (if yes please detail inc name) .....

Do you have any specific accessibility requirements?

Yes  No  (if yes please detail inc name) .....

If you require help with translation/interpretation please contact 0845 602 3209 so that your needs can be assessed

Name of Delegate .....

Course Title .....

Start Date ..... Time .....

Name of Delegate .....

Course Title .....

Start Date ..... Time .....

Name of Delegate .....

Course Title .....

Start Date ..... Time .....

Name of Delegate .....

Course Title .....

Start Date ..... Time .....

I enclose a cheque made payable to Swindon Borough Council for

£

You may be charged £30 for non-attendance

Swindon Sure Start Partnership Training, c/o Civic Offices, Euclid Street, Swindon, SN1 2JH