

**BESPOKE TRAINING REQUEST FORM**

**Training Title: (Please describe the type of training required)**

**Name of School/Setting:**

**Preferred Dates (please list as many as possible):**

**Preferred Length of Training (AM/PM/All day/Twilight):**

**Number of Delegates (approx):**

**TA/Teacher/Both:**

**Contact Name, telephone, email address:**

**Any other relevant information:**

***Bespoke Training Core Charges:***

***Maintained Schools/Academies - £100 per hour***

***Early Years Settings - £50 per hour***

**Please return this completed form to Ifield Smile by:**

**Email:** **smile@ifield.kent.sch.uk** **Telephone 01474 536924.**