

Application for Training v3



- Complete Section A+B of this form
 - Ensure any previous training impact was completed and included in section A.
 - Attach any course booking form and specific information eg. breakout groups or lunch requirements. Do NOT book the course yourself at this time. This will be done for you if appropriate.
 - Submit the form to SCO. It will be returned to you when the training has been approved by SLT and supply cover has been cleared.
- Your form will be returned confirming that the course is booked and cover is arranged. It is then the staff member's responsibility to plan and set cover work. Transport should be arranged by the applicant.
- After attending, Section E will be completed at a later date when requested to see the impact of the course.

A	Name:		Dept:											
	Applicant to complete and submit to SCO (with any booking form)		INSET date/time:		Follow up dates: (if applicable)									
	INSET title:													
	Indicate how the course fits the school priorities (circle an option or add in the space provided): Learning Grant Exam course Leadership Other _____													
	Cover required (please tick):													
	P1		P2		TUTOR		P3		LUNCH		P4		P5	
	Location:						Provider:							
Cost of course:														

B	Signed approval from the Senior Leader for your area
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For office use only – course will be matched with school priorities and final approval given by SLT as a whole

C	Course approved:
SCO complete and send to DM	Date:

D	Cover booked for which date:	
DM and SCO complete and pass to KBE	Course confirmation received from provider:	
	Photocopy <input type="checkbox"/>	Sent back to Applicant <input type="checkbox"/>
	Email /form sent back as confirmation	

Section E takes place after some time using the knowledge from the course. Reminders are sent at points in the year

E	How well did the course meet its objectives?			
An evaluation of how you have used the course content will happen 3-4 weeks after the course.	Very well	Well	Satisfactorily	Not very well
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	It will be cascaded to:			
	Department on: _____ (date)		and/or Whole school? _____ (date)	
Course attended <input type="checkbox"/>		Evaluation completed <input type="checkbox"/>		