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www.summitpsychologyservices.co.uk

**SUMMIT PSYCHOLOGY SERVICES**

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Description generated with very high confidence

BOOKING FORM: ELSA TRAINING 2019 – 2020

|  |  |  |
| --- | --- | --- |
| **NAME OF ELSA TRAINEE** |  | |
| **ELSA TRAINEE ROLE IN SCHOOL/ SETTING** |  | |
| **EMAIL ADDRESS FOR ELSA TRAINEE** |  | |
| **NAME OF SCHOOL/ SETTING** |  | |
| **ADDRESS** |  | |
| **TELEPHONE NUMBER** |  | |
| **PREFERRED TRAINING VENUE**  Please note every effort will be made to accommodate your choice but can’t be guaranteed. | Summit Hospitality  Newcastle-Under-Lyme  ST5 0QY | Barbanell Centre  Stafford  ST16 2RS |
| **OPTIONAL FOUNDATION TRAINING: TRAUMA INFORMED AND ATTACHMENT AWARE ELSA**s | **YES** | **£85.00** |
| **ELSA 6 DAYS TRAINING AND ONGOING SUPERVISION** | **YES** | **£675.00** |
| **OPTIONAL EMOTION COACHING FOR ELSAs** | **YES** | **£85.00** |
| **ALL EIGHT DAYS TRAINING AND ONGOING SUPERVISION** | **YES** | **£800.00** |

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| --- | --- | --- | --- | --- |
| Details of person authorising the ELSA training. This should be the head teacher or authorising manager of the school/ setting. | | | | |
| **Name of person signing** |  | | **Position** |  |
| **Signature** |  | | **Date signed** |  |
| Designated Line Manager for Supervising the ELSA Trainee | | | | |
| **Name:** | | **Email Address:** | | |
| **OFFICIAL USE ONLY: BOOKING CODE** |  | | **INVOICE NUMBER** |  |

\*Invoices will be issued in advance of the training and are payable on strict 21 day terms.

**PLEASE COMPLETE AND RETURN BY NO LATER THAN MONDAY 11th NOVEMBER 2019**