



# BOOKING FORM

Please return to [training@hhhs.net](mailto:training@hhhs.net)  
Hawley Hall Training Suite

Course Title \_\_\_\_\_

Start date of Course \_\_\_\_\_

Delegate Name(s) \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Headteacher \_\_\_\_\_

**Finance email address:** (Please ensure this is the direct finance e-mail address as we will use this to send the invoice) \_\_\_\_\_

**P/O Number** (Essential) \_\_\_\_\_

**Type of School**     Secondary     Primary     Special  
 Academy     Local Authority (name) \_\_\_\_\_

*Delegates will be invoiced one week prior to attending the course.*

◇ I understand the cost per delegate to be £ \_\_\_\_\_

**On receipt of the booking form you will be invoiced one month before the commencement of the programme. If you enrol less than one month before commencement you will be invoiced immediately.**

Signed (Headteacher): ..... Date: .....

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