CPD BOOKING FORM

Tuesday 2 June 2020



Please complete this form and return it Sam Moore (Senior Learning Project Manager) at Northern Ballet, 2 St Cecilia Street, Quarry Hill, Leeds, LS2 7PA or email [Learning@northernballet.com](mailto:Learning@northernballet.com).

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| NAME OF PARTICIPANT: |  |
| NAME OF BOOKER:  (If different) |  |
| JOB TITLE OF PARTICIPANT: |  |
| KEY STAGE: |  |
| SCHOOL NAME & ADDRESS: | POST CODE: |
| SCHOOL TEL: |  |
| PARTICIPANT’S E-MAIL ADDRESS: |  |
| BOOKER’S E-MAIL ADDRESS: |  |
| EMERGENCY CONTACT NAME: |  |
| EMERGENCY CONTACT TEL: |  |
| DOES YOUR SCHOOL HOLD ARTSMARK STATUS? | € SILVER € GOLD € PLATINUM  € WORKING TOWARDS € REGISTERED |
| INVOICING\* | NAME OF ADMINISTRATOR/BUSINESS MANAGER:  THEIR EMAIL ADDRESS: |
| *\* We will invoice for the session on Monday 18 May 2020. Please do let us know if you need to cancel your place before this so that it can be offered to another school. If you do not cancel you will still be invoiced for the cost.*  *If Northern Ballet has to cancel the session, we will endeavour to rearrange to a suitable date. If you are unable to attend, a full refund will be given.* | |

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| PLEASE TELL US ABOUT YOUR SCHOOL, YOUR PUPILS AND YOUR LEVEL OF EXPERIENCE: |
| WHAT DO YOU HOPE TO GAIN FROM THE CPD SESSION? |
| HOW DID YOU FIND OUT ABOUT THE CPD SESSION? |
| DO YOU HAVE ANY ACCESS NEEDS OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF? |

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| SIGNATURE: |  |
| DATE: |  |

Whilst great care will be taken to ensure the safety of all participants during this CPD session, Northern Ballet cannot accept responsibility for any injuries or illness sustained during or after the session.

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