**Winter Think Tank – Booking Form**

**“Self-improvement in children’s services: emerging practice”**

Please complete all sections of the booking form and send it to jessica.drummond@thestaffcollege.uk. Confirmation of your booking will be sent on receipt of your completed form.

Please be aware that:

* a completed form constitutes a contract
* all events are subject to our cancellation policy which can be found [here](http://thestaffcollege.uk/wp-content/uploads/2016/03/Cancellation-policy-V2.pdf)
* if you cannot attend the event you must inform VSC Plus immediately.

**Day 1, Wednesday 24th January 2018 –** Improving Education Outcomes

**Day 2, Thursday 25th January 2018 –** Sector Led Improvement in Children’s Social Care

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| --- | --- | --- |
| **Attendance** | **Price** | **Attendance*****(Please tick)*** |
| **Full attendance** *both days of the Think Tank, inclusive of dinner, bed and breakfast at the venue* | **£385+VAT** |  |
| **One day attendance** **– Wednesday 24th January***excluding dinner, bed and breakfast* | **£140 +VAT** |  |
| **One day attendance** **– Thursday 25th January** *excluding dinner, bed and breakfast* | **£140 +VAT** |  |
| **Wednesday attendance including dinner***attendance on 24th January, excluding bed and breakfast* | **£185 +VAT** |  |
| **Wednesday attendance including dinner, bed and breakfast** *attendance on Wednesday 24th January, including dinner, bed and breakfast for the evening of 24th January* | **£265+VAT** |  |
| **Thursday attendance including dinner, bed and breakfast** *attendance on Thursday 25th January, including dinner, bed and breakfast for the evening of 24th January* | **£265+VAT** |  |
| **Thursday attendance including bed and breakfast** *attendance on Thursday 25th January, including bed and breakfast for the evening of 24th January* | **£220+VAT** |  |
| **Total cost:** |  |
| **Participant information** |
| **Full name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Email address:**  |  |
| **Telephone number:** |  |
| **Individual needs** e.g. physical, access, communication aids, dietary requirements**:**  |

**PTO to complete the booking form**

**Payment information**

|  |  |
| --- | --- |
| **Invoice address:** |  |
| **Email address:**  |  |
| **Purchase order number:** |  |

|  |  |
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| **Signature:** |  |
| **Date:** |  |