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**DEVELOPING PEOPLE PROGRAMME BOOKING REQUEST**

Requests for programmes must have the approval of the relevant line manager and finance approval if a cost is incurred e.g. travel.

NAME: Click here to enter text. DATE: Click here to enter text.

SCHOOL: Click here to enter text.

PROGRAMME TITLE: Choose an item.

PROGRAMME FEE (IF APPLICABLE) Click here to enter text.

**Please identify your reasons for wanting to attend the above programme.**

Personal Professional Development [ ]

Meeting Performance Management Objectives [ ]

Induction into New Role [ ]

**Please summarise what will be the impact of attending this programme in the School/Dept./Team**:Click here to enter text.

Signed by Line Manager: Click here to enter text. SBM approval signature: Click here to enter text.

Actioned by Teaching School: [ ]

**Please be aware that the programme may not be able to run if there is insufficient interest.**

Please complete and return to CATTS@thepolesworthschool.com