**ECaT Training Expression of Interest**

**Please indicate the ECaT Training that you would like to book.**

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| --- | --- | --- |
| **TRAINING REQUESTED:****(please tick)** | ECaT Parent Workshop (setting) (1 hour)Language & Early Literacy  |  |
| ECaT Parent Workshop (setting) (1 hour)Early Communication & Language |  |
| ECaT Parent Workshop (setting) (1½ - 1¾ hours)Combined (Language & Early Literacy/Early Communication & Language) |  |
| **Setting Name:** |  |
| **Contact Telephone/Email:** |  |
| **Parent Workshop** **(Number of parents expected):** |  |
| **Preferred dates:****(please give up to 4 dates)** |  |
| **Preferred time: (a.m/p.m/Twilight)** |  |
| **Equipment Available:**  | Projector |  | Screen |  |
| Extension Lead |  | Laptop |  |
| DVD player(parent W/S) |  | Other (i.e. interactive white board) |

Completed forms should be returned to Sally Griggs (sally.griggs@southampton.gov.uk)

Tel: 023 80 915797 / 023 80 363309