**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](mailto:sally.griggs@southampton.gov.uk))

Tel: 023 80 915797 / 023 80 363309