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| **EDUCATIONAL PSYCHOLOGY SERVICE****Training Request form****Academic Year 2023 - 2024** |

**Guidance Notes:**

1. From February 2024, this form is to be used for all requests for EP training.
2. The Educational Psychologists will aim to work with those requesting training to identify the best way of delivering this. Primary consultation may explore but is not limited to:
* the aim of the training
* content
* length and time of delivery
* number and role of recipients
* dissemination methods
* ways to review effectiveness.

By consulting with those requesting training, we aim to develop a shared understanding of aims and engage in collaborative planning that facilitates a service best suited to ensuring training results in both short and long term positive change.

Once **fully** completed, please send this request with signatures and any relevant supporting paperwork to:

**psychology\_service@bathnes.gov.uk**

Or upload to Globalscape

Or post to Bath and North East Somerset Council, Educational Psychology Service, Lewis House, Manvers Street, Bath, BA1 1JG

Please answer **all** of the following questions to help us understand why you are making this request:

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| What would you like to be the main training focus? |  |
| Who would you like to be the recipients of this training? How many do you foresee attending? |  |
| How would you like this training to be delivered (online or in person)? |  |
| Please provide details about how long you would like training to last and over how many sessions?  |  |
| What do you think intended recipients’ current understanding of the training topic is? |  |

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| What do you want to see as a result of this training for members of staff? |
| Short term (six weeks following initiation of training)  |  |
| Long term (six months following initiation of training) |  |
| What do you want to see as a result of this training for children and young people? |
| Short term (six weeks following initiation of training)  |  |
| Long term (six months following initiation of training) |  |
| What do you want to see as a result of this training for other potential stake holders (please specify)? |
| Short term (six weeks following initiation of training)  |  |
| Long term (six months following initiation of training) |  |

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| What potential barriers do you foresee to the implementation of knowledge/ strategies derived from this training? |  |
| What other information would be helpful to know? |  |

**Please ensure the form is fully completed and signed.**

**What will happen once the EPS receives the fully completed form?**

* Once the fully completed request form has been received, the Educational Psychology Service will contact the person who has made the request to consult with them about the details and to contract the piece of work.
* If it is judged that an alternative service might be better suited to respond to the request, the Educational Psychology Service will endeavour to signpost an appropriate alternative.

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| **Request made by:** |  |
| **Organisation and role:** |  |
| **Contact details:** |  |
| **Date:** |  |