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Early Years SEND Specialist and PORTAGE SERVICE

**WORKSHOP TRAINING COURSE 25th, 26th April, virtual follow-up**

**6th June 2023**

**APPLICATION FORM**

Surname...................................................Christian name......................………………

Job title..........................................................................................................................

Work Address................................................................................................................

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Tel. No…………………………………..

Applicants Email: ....................................................................................................

Finance Email: ………………………………………………………………….

(Finance Section for Invoice purposes)

(Please include address where Invoices can be sent directly)

I would like to attend the 2 day workshop and the follow up day at **The PCC Education Centre, Central Library**

I understand lunch will not be provided and I will bring a packed lunch

 (Please tick box to acknowledge)

Applications to be returned to: sarah.bernard@peterborough.gov.uk