*Logo

Description automatically generatedSMHL training*

*booking form*

**Please complete the form below to book on to Terapia’s Senior Mental Health Lead training**

**Provider reference number: SMHL012 2024/25**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| School / College: |  |
| School / College Address: |  |
| Postcode: |  |
| School / College Telephone: |  |
| Mobile: |  |
| Email Address: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Preferred Training Location: | London |  | North East |  | North West |  |
| East of England |  | South East |  | South West |  |
| East Midlands |  | West Midlands |  | Online (*via Zoom*) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please rate your level of experience in each of the following learning outcome areas**  **(1 = beginner 2 = intermediate 3 = advanced 4 = expert)** | | | |
| Leadership and management |  | Identifying need and monitoring impact of interventions |  |
| Creating an ethos and environment |  | Targeted support and appropriate referrals |  |
| Staff development |  | Working with parents, carers and families |  |
| Curriculum, teaching and learning |  | Enabling student voice |  |

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| **How did you learn about Terapia’s SMHL training?** | | | | Social media: | |
| Direct mail from Terapia |  | Word of mouth |  | Facebook |  |
| Search Engine |  | Leaflet |  | Twitter |  |
| Terapia Website |  | Education event |  | Instagram |  |
| Other – please specify: | | | | LinkedIn |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | | |
| Signature: |  | Date: |  |

**Return your completed form to** [**pamela@terapia.co.uk**](mailto:pamela@terapia.co.uk) **then apply for your** [**DfE grant funding**](https://onlinecollections.des.fasst.org.uk/fastform/senior-mental-health-leads)