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| Oakdale SchoolCheetham Hill RoadDukinfieldSK16 5LDEmail:**acorn@oakdale.tameside.sch.uk** |
| **Course Date:**  |
| **Course Title:**  |
| **Name of your school / provision / setting:** |
| **School / Provision / Setting address:** |
| **School / Provision / Setting email address:** |
| **School / Provision / Setting telephone number:** |
| Delegate’s name | Position in school / provision / setting |
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| **PAYMENT**An invoice will be issued for the course fee. Please indicate the email address you wish the invoice to be sent toEmail: |