

# Schools' Information Systems Team

## Training Course Cancellation Form Part 1



### Course Details

Course Title \_\_\_\_\_

Course Date \_\_\_\_\_

Venue \_\_\_\_\_

### Delegate Details

Name of Delegate(s) (Please Print) \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

Reason for Cancellation \_\_\_\_\_

**I understand there will be a fee relating to the cancellation as advised in the Training Brochure**

Signature \_\_\_\_\_ Head / Deputy Head / Office Manager

Date \_\_\_\_\_

Please return this form (**Part 1 & 2**) to the **School's Information Systems Team, Room 120, Hillview, Hillview Drive, Welling, Kent DA16 3RY**. Alternatively, **Fax to 020 8836 8262** or **Email to [sims.els@bexley.gov.uk](mailto:sims.els@bexley.gov.uk)**

# Schools' Information Systems Team

## Training Course Cancellation Form Part 2



### Confirmation Sheet

**Part 2 (this page) of the Cancellation Form will be returned to you by the Schools' Information Systems Team as confirmation of your cancellation. Upon receipt of this Cancellation Form by the Schools' IS Team, a member of the Team will sign & return Part 2 to you within 1 working day. Please contact the Schools' IS Team if you do not receive Part 2 of this Form within 1 working day**

Name of Delegate(s) \_\_\_\_\_

Course Title \_\_\_\_\_

Course Date \_\_\_\_\_

Signature \_\_\_\_\_ Schools' IS Consultant

Date \_\_\_\_\_

### The following Cancellation Charge will apply:

- No Charge** (28 days or more notice)
- 25% Charge** (14 - 27 Calendar days notice)
- 50% Charge** (4 - 13 Calendar days notice)
- Full Charge** (3 Calendar days or less notice)