



Educational Visits Coordinator Training Application Form

PLEASE USE BLOCK CAPITALS

Course date:

School:

If replacing previous EVC, please give their name:

Personal details:

Surname

Initials

First (Known) Name

Title

Occupation:

Address:

Postcode:

Telephone (day)

Mobile

Email

Please re-enter email address:

(please ensure this is accurate as this will be the main method of communication):

Payment:

For Sheffield LA staff the school will be invoiced for £50 on receipt of this application. **We regret that due to administration and associated costs the course fee is non-refundable.**

Non Sheffield LA staff please enclose:

Please tick as appropriate:

- Cheque for £100
 Purchase order for the full amount due

All cheques / purchase orders should be made payable to **Sheffield City Council**.

Booking confirmation:

Please confirm that you have been nominated for this role by the Headteacher/Manager at your school/establishment.

Signature of applicant: Date:

Headteacher/Manager: Date:
Signature:
Name:

Please complete, print, sign and return to:

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