**Management of Actual or Potential Aggression (MAPA) Training**

**Request Form for Bespoke In-school Training**

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| **Section 1:**  *To be completed by the Headteacher or School Business Manager of the school requesting bespoke MAPA training and sent to* [*cpdschoolimprovement@telford.gov.uk*](mailto:cpdschoolimprovement@telford.gov.uk) *via email* | | | |
| **School Name** | |  | |
| **Course name**  (please tick) | **Full MAPA** | **MAPA Refresher** | **MAPA De-escalation** |
|  |  |  |
| **Preferred date for session to take place** *(for Full MAPA, two dates are needed)* | |  | |
| **Preferred start and finish time** | |  | |
| **Venue for training**  *(usually the school site)* | |  | |
| **Approximate number of staff to be trained** | |  | |
| **Will there be anyone in attendance from any other school/s?** | | Yes / No | |
| **Please use the space to make any special requests** | |  | |
|  | | | |
| **Section 2:**  *To be completed by the Behaviour Support Advisory Team Manager and returned to the Headteacher via email in advance of the session* | | | |
| **Cost of training requested above** | |  | |
| **Equipment, room lay out or any other special requests** | |  | |
| **Name of trainer/s** | |  | |
| **Agreed dates and times of training** | |  | |
|  | | | |
| **Section 3:**  *To be completed by the Headteacher and returned via email to* [*cpdschoolimprovement@telford.gov.uk*](mailto:cpdschoolimprovement@telford.gov.uk) | | | |
| **Declaration**  *I agree that the above details are correct and that, on completion of the work, T&W LA may either:*   * *journal transfer the agreed cost from the school’s cost code, detailed below,* ***or*** * *for Academies and non T&W LA schools, raise an invoice* | | | |
| **Headteacher Name** | |  | |
| **Cost code** *(where applicable)* | |  | |
| **Date** | |  | |