Louisa White- 07530 895404

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**Registration Form- Sessions 5 & 6 Sherborne Developmental Movement**

**When:** Sessions 5 & 6 Monday 18th March 2024 9:45am – 4:15pm. Registration from 9.30am

**Where:** The Ovation Suite, Mayflower Theatre, Commercial Road, Southampton SO15 1GE

**Aim:** To develop skills to plan and deliver effective movement sessions following SDM approach

**For:** Those who have previous SDM experience and who want to become SDM practitioners in their setting.

**Tutors:** **Louisa White** IQCL, BA Hons, RSMT/E

**Cost:** £150 (Details of how to pay will be sent on receipt of this form.)

**Information:** Please bring a packed lunch and water bottle**,** wearleggings or joggers, and be prepared to work in bare feet and in proximity with others.

**Closing Date for course applications: Friday 1st March**

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Name ………………………………………………………………………………………………………………………..

Please confirm your previous SDM training. …………………………………………………………………………….

School/ Organisation/ Setting (if you are and SEND Secondary school please make clear)

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Address …………….………………………………………….…………………………………………………………….

Email address for invoice: ………………………..……………………..…………………………………………………

Phone (daytime)………………………………………. (evening) ………………………….……………………………

e-mail work ……………………………………………… e-mail home ………………………..……………………….

Any learning requirements, additional needs or allergies etc we should be aware of?

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What is your area of interest? (SEND, early years, dementia, learning difficulty, mental health etc):

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**Please return to course organiser at the above address**

**P.T.O**. **and fill in and return our Data Management Information Form**

**Data Management**

The Sherborne Advanced Practitioner conducting this course is: Caroline Robins

Please tick if you consent to the following uses of your personal data:

I give consent for the ICL named above to collect, store and use my personal data (name, address, telephone numbers, email address) in accordance with their data management policies for the purposes of:

* Running the above course
* Maintaining a record of when and where you were trained.
* Contacting me by post/email/telephone\* about training opportunities or development work carried out by the above-named Sherborne Practitioner.
* Informing me about services available by the Sherborne Practitioner named above by post/email/telephone. You may delete any options you do not give consent for.

I give consent for The Sherborne Association UK to collect my personal data (name, address, telephone numbers, email address) for the purposes of running the above course.

* Running the above course
* Maintaining a record of when and where you were trained.
* Contacting me by post/email/telephone\* about training opportunities or development work carried out by on behalf of or in association with The Sherborne Association UK.
* Informing me about membership possibilities relating to the Sherborne Association UK by post/email/telephone. You may delete any options you do not give consent for.

Signed: ………………………………………………………

Print Name: ……………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this consent form will be stored electronically on an electronic database detailing the consents you have given and it will be stored in accordance with the Sherborne Association’s data management policy, which is available to view at: [www.sherbornemovementuk.org/datamanagementpolicy](http://www.sherbornemovementuk.org/datamanagementpolicy). If you do not give consent for any of the above, your data will not be used or stored. You may change your consent at any time by emailing admin@sherbornemovementuk.org .

A copy of this consent form will be stored electronically by the Sherborne Practitioner named above in accordance with his/her data management policy, a copy of which can be accessed by writing to caroline.robins@sherbornemovementuk.org

On the day of training, we will ask you to fill in a form detailing emergency contact details in case of emergency during your training. We will return this form to you at the end of the day and will not hold or process this data further.