

**Audit Questionnaire for Rebound Refresher Training**

*Delivered by Hadrian Education Development Services*

If you would like to book a place on the Rebound Refresher Training course, please complete the questionnaire below.

We have included some options that may assist you; please indicate some of the areas in which you feel you would like refresher training or ideas.

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| --- | --- |
| **TRAINING AREAS** |  |
| Advice and Support on disability |  |
| Advice and support on techniques of kipping, powering, dampening |  |
| Advice and support on support techniques |  |
| Advice and support on games/activities |  |
| Other – please specify |  |

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| **Q: When did you complete your two day training course?** |
| **A**:  |
| **Q: What are your priorities for the refresher training?** |
| **A**:  |
| **Q: What age range and disability do you want to gain support with?** |
| **A**:  |
| **Q: What other factors would you like to learn/experience/explore?** |
| **A**:  |

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| **NAME**: |
| **SCHOOL/ORGANISATION ADDRESS**: |
| **BEST CONTACT NUMBER**: |
| **EMAIL CONFIRMATION TO**: |
| **NUMBER OF PLACES**: |
| **INVOICE TO**: |

**To book a place please complete and return the questionnaire to Discovery TSA**: discoverytsa@springcommon.cambs.sch.uk or contact Liz Ward: 01480 377404