

**Course Cancellation
or Transfer Form
2008 to 2009**



CT1

Date: ____ / ____ / ____

Name and address of setting:

Course title:

Course date(s):

Name of person(s) to be cancelled or transferred:

Name of new person(s) if being replaced by other member(s) of staff:

Please tick (✓)

Registration form attached	Yes		No	
Booking form attached	Yes		No	

Please tick (✓) one of the boxes below to indicate reason for cancellation

Bereavement		Setting closure	
Holiday		Sickness dependant	
Hospital appointment		Sickness own	
Job interview		Staff shortages	
Lack of senior staff		Wrong course	
Maternity leave		Personal reasons	
Moving house		Over commitment	
Ofsted inspection		Replaced by another member of staff	
No longer working at setting - date left: ____ / ____ / ____		Other (please specify)	

Signature: Date:

Print Name Position Held:

**Please return to: All Children First Training, Department for Children's Services,
Plymouth City Council, Plymouth PL1 2AA**