



GOLDEN HILL INCLUSION SUPPORT TEAM (GHIST)



GHIST Training Form 2026- 2027

School Name:	
School number:	
School address:	
Contact name:	Contact number:
Contact email:	
Type of training required:	
Objectives of training:	
Proposed date of training:	Proposed time of training: <i>Duration of training: (eg 2 hrs) 1.5 hours</i>
Proposed number of attendees:	

Please give details of any additional 'bespoke' support you would like to ensure the training meets your school's needs.

Please email completed training form to ghist@goldenhill.lancs.sch.uk

Thank you

