London & SE Primary PE,

Health and Well Being

Development Association

*http://www.londonseprimarypehwb.co.uk*

**Level 4 Qualification in Supporting Pupils’ Wellbeing Through Physical Education**

**Application Return Details**

|  |  |
| --- | --- |
| Delegate Name: |  |
| Business / School Address:  Borough/Local Education Authority:  Date of Birth: |  |
| Tick Where Appropriate | Primary QTS Secondary QTS |
| Tick Preferred Choice | All Day After School Twilight |
| Preferred Email Contact: |  |
| Mobile Phone Contact: |  |

Please return via:

Email: [gilesplatt@sky.com](mailto:gilesplatt@sky.com) or [hebstall@gmail.com](mailto:hebstall@gmail.com)

Or

Mail: Giles Platt

c/o Chislehurst Business Centre,

1 Bromley Lane. Chislehurst, Kent BR7 6LH

*-Invoice details will be emailed out to school upon receipt of this form-*