

Group course application form

Registrants details

Please provide your details. Date:

Title: Surname: Forename(s):

Contact number: Email:

Organisation:

Course title: **Date:**

Session 1

| Participant name: | Job title: |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Course title: **Date:**

Session 2

| Participant name: | Job title: |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Course title:

Date:

Session 3

| Participant name: | Job title: |
|--------------------------|-------------------|
| | |

Course title:

Date:

Session 4

| Participant name: | Job title: |
|--------------------------|-------------------|
| | |

Additional support - confidential

To help us support those taking part, please provide us with details of any support needs required within the group.

Name:

Support required:

Name:

Support required:

Name:

Support required:

Name:

Support required:

Name:

Support required:

Name:

Support required:

Add more as required

Reminders

Terms and conditions

Please refer to our terms and conditions on our website.

I agree to the terms and conditions.

Cancellation

No refunds will be made for cancellations notified in writing within 10 days or less of the event

Payment method

We accept cheques, credit card, debit card and BACS bank transfer. Please state your preferred method.

BACS

Credit card

Debit card

Invoice