

Open Course request form

Name of person making booking _____

Position/Department _____

Name of Organisation _____

Address _____

_____ Postcode _____

Tel _____ Email _____

Delegate name and contact details if different to above _____

Course title and date _____

How did you hear about our training courses? _____

I have read and accept the terms and conditions (see prospectus)

Please list your main aims and objectives for the training:

**Please tell us about your level of knowledge on this subject
and if you are paid/voluntary**

