

In-house course request form

Contact name of person organising the training: _____

Position/Department _____

Name of Organisation _____

Please indicate the type of organisation:

Public Sector/Voluntary Sector

Private Sector

Address _____

_____ Postcode _____

Tel _____ Email _____

Course(s) required _____

Location where training is expected to be held _____

Timescale/range of preferred dates for training _____

Anticipated number of delegates _____

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 the expected delegates' level of knowledge on this subject and their type of jobs/roles (paid/voluntary):