

# 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**