

Return to: Annie Croft  
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Social Services Training  
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Barry  
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### TRAINING & DEVELOPMENT BOOKING FORM

#### **A – THE ORGANISATION:**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **B – THE INDIVIDUAL:**

Please book the following individual onto the course(s) shown:

TITLE: (Mr, Mrs, Miss, Ms): \_\_\_\_\_ FORENAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ANY SPECIAL DIETARY REQUIREMENTS: \_\_\_\_\_

#### **C – THE COURSE:**

COURSE TITLE: \_\_\_\_\_

DURATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

#### **D - INVOICING:**

I agree to release the individual named above to attend the course shown and agree to pay the relevant fee of **£40 per person per day, or £25 per half day, unless otherwise stated. I also agree to pay the cancellation charge of the above fees for free courses, if the individual does not turn up or cancels.**

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

COMPANY POSITION: \_\_\_\_\_

INVOICE ADDRESS (if different from section A): \_\_\_\_\_