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**COURSE BOOKING FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Name |  | | | | Course Dates | |  |
| **Attendee Details** | | | | | | | |
| Name |  | | | | | | |
| Contact Number (mobile) |  | | | | | | |
| Email address |  | | | | | | |
| WE WILL USE THIS EMAIL ADDRESS TO CONFIRM THE BOOKING AND COMMUNICATE WITH YOU ABOUT THE COURSE. PLEASE ENSURE THIS IT IS TYPED CLEARLY WITHOUT ERRORS. | | | | | | | |
| Job Title |  | | | | | | |
| Organisation Name |  | | | | | | |
| Work Address |  | | | | | | |
| Organisation Type |  | | | | | | |
| PLEASE BE AWARE THAT DUE TO THE WAY THE COURSES ARE FUNDING ALL ATTENDEES MUST LIVE OR WORK WITHIN THE LANCASHIRE COUNTY AREA. WE ARE UNABLE TO ACCEPT BOOKINGS FROM ATTENDEES BASED IN BLACKPOOL OR BLACKBURN. | | | | | | | |
| I confirm that I live/ work in the LCC area. | | |  |  | | | | |
| Are you a Student? | | |  |  | | | |
| PLEASE NOTE THAT CANCELLATIONS MADE LESS THAN 10 DAYS BEFORE THE COURSE START DATE WILL BE INVOICED AT £50 PER PLACE. | | | | | | | |
| Email for Invoicing |  | | | | | | |
| Authorisation from Manager Given | | Yes / No / NA | | |
| Manager Name |  | | | | Email |  | |

THESE DETAILS WILL BE MADE AVAILABLE TO THE COURSE TRAINER TO ALLOW THEM TO CONTACT YOU IN RELATION TO THE TRAINING.

WE WILL CONTACT YOU 3 MONTHS AFTER THE COURSE DATE WITH A SURVEY TO ASK IF AND HOW YOU HAVE FOUND THE TRAINING HELPFUL. YOUR FEEDBACK WILL BE USED TO IMPROVE THE TRAINING PROVIDED.

**PLEASE EMAIL THIS COMPLETED FORM TO TRAINING@P-A-C.ORG.UK**