|  |  |
| --- | --- |
| **Mental Health Champions Training**  **Booking form** | |
| **Your details** | |
| **Attendee name** |  |
| **Role** |  |
| **School/organisation** |  |
| **Email address** |  |
| **Contact number** |  |
| **Any access requirements** i.e. hearing loops, disabled access |  |
| **Training you wish to book on to** | |
| **Title of course** |  |
| **Date of course**  Please state your preferred choices if the course is running multiple times throughout the year |  |
| **Please note**   * **Your booking form will be processed by the admin team at the Ross Centre and your place will be confirmed closer to the date of the training session. You will be informed if the session you have tried to book is fully booked** * **Your booking confirmation email will include more details about parking facilities, venue/room details and refreshments and other required details about the training** * **No courses will provide lunch. Please bring your own.** * **Please arrive promptly for the start of the session** * **If you can no longer attend a session you have booked please email the admin team to cancel your place**   If you require any further information about any of the training sessions please contact a PMHW on 01524 550 650  **Please return this form via email to our admin team** [**CAMHSCPS&ADHDService@lancashirecare.nhs.uk**](mailto:CAMHSCPS&ADHDService@lancashirecare.nhs.uk)  Please add ‘Training booking’ in the subject line of the email | |