

**COURSE BOOKING FORM**

**DELEGATE INFORMATION**

|  |  |
| --- | --- |
| First Name\* |  |
| Surname\* |  |
| E Mail Address\* |  |
| Mobile |  |
| PLEASE INDICATE **YES – NO** BY ENTERING X IN THE APPROPRIATE CELL |
| Additional accessibility considerations\*  | Yes  |  | No |  |
| Classroom adjustment requirements\* | Yes |  | No |  |
| Large print training materials\* | Yes |  | No |  |

\*Required Information

**COURSE SELECTION**

\*Please indicate which course you would like to attend by entering X in the appropriate cell.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Cost** | **Dates** | **Timings** | **Select\*** |
| Adult 1 Day Mental Health Champions | £140pp | Tue 17 Dec 19 | 0900 - 1700 |  |
| Adult 1 Day Mental Health Champions | £140pp | Tue 21 Jan 20 | 0900 - 1700 |  |
| Adult ½ Day Mental Health Awareness | £95pp | Tue 4 Feb 20 | 0900 - 1230 |  |
| Adult ½ Day Mental Health Awareness | £95pp | Tue 4 Feb 20 | 1300 - 1630 |  |

Notes:

1. If a course is fully booked when your booking form is received, we will offer the next available course dates.
2. **Training Location**: The Beacon, Westgate Road, Newcastle upon Tyne, NE4 9PQ.
3. Admin instructions will be distributed 2 weeks prior to the start of the course.

**BOOKING CONDITIONS**

1. Upon receipt of this form a provisional booking will be allocated.
2. The booking will be confirmed upon receipt of payment, as per the payment instructions below.
3. **Payment Instructions**. Payment via BACS to the following account:

|  |  |  |  |
| --- | --- | --- | --- |
| BANK | SORT CODE | ACCOUNT NUMBER | PAYMENT REFERENCE |
| TIDE | 23-69-72 | 18472153 | Please use your surname and first initial. John Smith would be: **smithj** |

1. Cancellation Policy:
	1. Within 10 working days of the course date would incur a charge of 75% of course costs.
	2. Within 5 working days of the course date would incur a charge of 100% of the course costs.
2. Please enter X in this box to agree to these terms and conditions:

***Please send your completed form to*** ***mhfa.balance@gmail.com***

***Thank you – we look forward to welcoming you on the course.***