

Booking form

Please complete this booking form fully. All applications will be acknowledged.
Your booking can only be confirmed once this form **and** payment is received.

PERSONAL DETAILS	
Name: (please print)	
Service:	Role: Area of work:
Full Address (inc. postcode):	
Tel No: (mandatory: required in the event of a course cancellation so we are able to contact you)	Email: (mandatory)
COURSE DETAILS (please state the course you wish to attend and on what date)	
Course title:	
Course date(s):	
Reason for wanting to attend this course:	
Please specify where you found out about this course?	
Do you have any specific access or learning needs? Yes [] No []	
Please specify:	
Please note: You must be able to attend all training sessions for each course	
Course Participant:	
Date:	
I agree that I will attend the training days	
Signature: (Participant)	Name: (Print)
Attendance agreed by line manager:	
Signature: (Manager)	Name: (Print)
Method of payment:	
Cheque: [] (made payable to 'Portsmouth City Council')	
Cost code: (PCC staff) [].....	
Invoice: [] Please provide Purchase Order No and complete address details below:	
PO No:	
Organisation name	
Address (inc. postcode)	
<p>Cancellation: Once a place is booked and confirmed no refunds are available. Your organisation will be liable for a cancellation fee for non attendance on the day without a valid reason or cancellation within 10 working days of the course. Cancellation fees: Full course fees will be charged for all non-attendance or cancellation within 10 working days of the course start date. A £50 cancellation fee applies for all courses with no charge attached</p> <p>Please tick here [] to confirm you have read and understood our cancellation policy.</p>	

As part of our commitment to ensuring equality of opportunity and continuous evaluation of our service it would be helpful if you could take a few moments to fill in the information below.

You are under no obligation to complete this form.

Course Applied for:

What age group do you fit into?

16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

Do you consider that you have a disability under the Equalities 2010 Act?

No ☐ Yes: Vision ☐ Hearing ☐ Mobility ☐ Other ☐

How would you describe yourself?

Male ☐ Female ☐

Which of the following ethnic groups do you belong to?

White

English / Welsh / Scottish / Northern Irish / British ☐ Irish ☐

Any other White background

Mixed / multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐

White and Asian ☐

Any other mixed / multiple ethnic background

Asian / Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐

Chinese ☐ Any other Asian background

Black / African / Caribbean / Black British

African ☐ Caribbean ☐

Any other Black / African / Caribbean background

Other ethnic groups

Arab ☐

Any other ethnic group

I do not wish to give this information ☐