

COURSE APPLICATION FORM FOR EXTERNAL DELEGATES

(one form per course please)

Full Name:		Job Title:	
Organisation Name:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Organisation Type: (i.e. care home, health, voluntary sector)			
E-mail Address: (for sending of course joining instructions)			
Work Telephone no			
Work Address & Postcode:			
Invoice Address Details: (If different to above)			
Course Title:			
Course Date:		Course Fee:	
Any particular needs on the course which would help your learning – i.e. hearing loop/wheelchair access/large print etc?			
Course Fee Information:	For all courses your organisation will be invoiced after the event. <u>Please note:</u> A full course fee will be charged if a booking is cancelled with less than one week's notice		
I confirm that no other funding source [eg ESF, Grants etc] will be used to pay for this event			
Signature of Applicant:		Date:	
Signature of Manager:		Date:	
Manager's Name:		Manager's Tel/e-mail:	
<p>Please return your course booking to: Borough of Poole Social Care Learning & Development Team Room 11b, Oakdale Centre Wimborne Road Poole BH15 3DL Tel: 01202 261004 or 01202 261014 Fax: 01202 262307</p>			
			MFMAY2014