



Please write in BLOCK CAPITALS. Please use a separate sheet for each training event that you are planning to attend.

Course Details	
Course Title:	
Date:	
Price:	£
Your Details	
Title:	Mr / Mrs / Miss / Ms / Other
First name:	
Surname:	
Organisation:	
Job title:	
Phone no:	
Fax:	
Business address	
Postcode:	
Disability Information	
<input type="checkbox"/>	I do not have a disability
<input type="checkbox"/>	I have a disability
	If you have ticked this box, please fill out the information below
Contact me on:	
Preferred time:	

Payment Authorisation	
To be filled out by your training officer or individual who approves the training budget	
Title:	Mr / Mrs / Miss / Ms / Other
First name:	
Surname:	
Job title:	
Business address	
Postcode:	
I confirm that the course fee will be paid in full according to the terms and conditions of the company	
Signature:	Date:
Invoice Details	
Contact name:	
Organisation:	
Address	
Returning the Form	
By email:	Please email the completed form to beth@practicesolutions-ltd.co.uk
By post:	Ty Antur Navigation Park Abercynon Rhondda Cynon Taff CF45 4SN