

TRAINING COURSE BOOKING FORM

Course Title:		Course date/s:	
First Name:-		Last Name	
Name of Company: (If Applicable)			
Date of Birth:	Security Answer (only if we ask for it):		
Address:			
Post Code:			
Telephone:		Email:	
<input type="checkbox"/> I enclose a cheque payable to: High Moorland Community Action Ltd for: £.....			

Purpose of training		
Required by my employer <input type="checkbox"/>	To help me get a job <input type="checkbox"/>	To further my career <input type="checkbox"/>
To support my voluntary work <input type="checkbox"/>	I don't want to get left behind <input type="checkbox"/>	Just for fun <input type="checkbox"/>
To help me run my business <input type="checkbox"/>		

<p>Do you have a health issue, disability or learning difficulty which might affect your ability to participate?</p> <p>Do you wish to discuss your needs with a tutor or an appropriate member of staff?</p>

How did you hear about this course?		
Tavistock Times <input type="checkbox"/>	HMCA Poster <input type="checkbox"/>	HMCA Website <input type="checkbox"/>
Parish Link <input type="checkbox"/>	West Devon Diary <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Other <input type="checkbox"/>		

<p>I have read and accept the booking terms and conditions</p> <p>Signature: Date:</p>
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<p>Please send your completed form with payment to:</p> <p>High Moorland Community Action Ltd Tavistock Rd Princetown Yelverton PL20 6QE</p> <p>01822 890732 info@hmca.org.uk</p>
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