**Training and Professional Development**

## Booking Form

Thank you for your interest in our training. Please complete this form and return it to [info@margaretbankole.com](mailto:info@margaretbankole.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Training and Professional Development Courses** | **Cost\*** | **Dates** | **Please tick** |
| Parents in Pain and Trauma Training (one-day practitioner training) | £120 | February 2019 | ☐ |
| ☐ |
| Healthy Families First (one-day course) | £20 | January 2019 | ☐ |

## Delegate details

|  |  |
| --- | --- |
| **Name** |  |
| **Contact number** |  |
| **Email** |  |
| **Organisation** |  |
| **Your role** |  |
| **Address** |  |
| **Postcode** |  |
| **Access requirements** |  |

## Payment details

|  |  |  |
| --- | --- | --- |
| **I will be paying for the training – please email me an invoice directly** | | ☐ |
| **My employer will be paying for the training – please complete details below\*\*** | | ☐ |
| Employer / Line Manager Name |  | |
| Role |  | |
| Organisation |  | |
| Contact number |  | |
| Email |  | |
| Sort Code |  | |
| Account No. |  | |
| Purchase Order / Reference No. |  | |
| Line Manager signature to authorise payment |  | |
| Date of signature |  | |

\* Fees include access to the training, handouts and worksheets. Fees do not cover travel costs, accommodation or lunch. Shared places are not permitted.

\*\*Where an organisation will pay the invoice, booking forms must be signed by a supervisor who has authority to approve the payment of fees. Booking forms will not be accepted without a supervisor’s signature.