

# 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)	
Occupation:	Organisation:
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)	
<b>Cancellation:</b> 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	
<b>Please tick here [ ] to confirm you have read and understood our cancellation policy.</b>	

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