

Community First New Forest

Course Booking Form

Course Title:	Course Date:
Name and Job Title:	
Date of Birth:	
Organisation Name:	Address:
Telephone:	Post code:
Email address:	
Role in organisation: Trustee <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>	
Is your organisation a member of Community First New Forest? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of any special needs you have such as diet, wheelchair access, loop or signing, learning needs:	
What is your main reason for attending the course?	
What would you like to achieve from this course? Please state <u>at least 2</u> of your key objectives:	
What is your present level of knowledge about the course subject: None <input type="checkbox"/> Limited <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
Before this training, when did you last attend a training course? In the last 3 years <input type="checkbox"/> Over 3 years ago <input type="checkbox"/>	
What is your organisation's main area of work? (Please tick any that apply): <input type="checkbox"/> Charity or Voluntary Organisation <input type="checkbox"/> Business Sector <input type="checkbox"/> Statutory Organisation <input type="checkbox"/> Social Enterprise	
Payment can be by cheque made payable to Community First New Forest or we can invoice you. Please indicate which method you would prefer: I enclose a cheque <input type="checkbox"/> Please send me an invoice <input type="checkbox"/> A place cannot be guaranteed on the course until payment has been received. Refunds for any cancellations will only be payable if received one week prior to the date of training.	

Please complete and return to:

Community First New Forest
Public Offices
65 Christchurch Road
Ringwood
BH24 1DH
Tel: 01425 482773
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