

your information

Participant's name _____

Job title _____

Organisation _____

Address _____

Telephone _____

email _____

Organisation type NCVS member voluntary and community organisation
 statutory or other

course information

Course title _____

Course date _____

access and support needs

Please tell us below if you have any support needs to enable you to take part in the course, such as access, sensory or dietary. Please also tell us if you will bring a support worker with you

payment and signature

I enclose cheque for £_____ payable to NCVS

The course is free

Signed _____ (authorised signatory)

Please use one form per person per course and send the completed form and cheque to
Jaz Nagra, NCVS, MEA House, Ellison Place, Newcastle upon Tyne NE1 8XS

To find out more contact Jaz Nagra on 0191 232 7445, email training@cvsnewcastle or visit www.cvsnewcastle.org.uk ➔ training

How we will use your information

Your details will be added to our database to allow us to process your course booking