EXTERNAL BOOKING FORM





PLEASE NOTE: ALL INCOMPLETE FORMS WILL BE RETURNED. THIS MAY RESULT IN APPLICANTS MISSING OUT ON PREFERRED DATES.

Course Title										
			Da	Date		Venue				
Course Details	1 st choice									
	2 nd Choice									
Your Details	Fore	ename(s)			Sı	ırname				
	Job	Title								
	Orga	anization								
	Full Add	Business ress								
	Wor	k No.				Mobile No.				
	Ema	ail Address					Post Code			
Special	Diet	ary (i.e. vege	etarian)							
Requirements	Special aids or access requirements									
Where Did You Hear About Us?										
THIS APPLICATION FORM WILL NOT BE ACCEPTED WITHOUT FULL COMPLETION OF THIS SECTION									HIS SECTION	
Applicant Signature										
Please print name							Date	Date		
Payment Inform	nation						Course Cost			
Invoice Details	Invoice Contact Name and Email Address									
	Purchase Order Number:									
	Full Invoice Address									
	Contact Number						D4-0			
	Contact Number Post Code All cancellations MUST be confirmed via email or letter									
Cancellation Charges	Between 6 – 2 week's notice - 75% of the delegate Cost Less than 14 days notice - Full cost									
Please email your booking forms to	Please email this form to hrlearning&development@kent.gov.uk									
Data Protection Clause	Your personal information and any comments you express may be used for analysis and reporting purposes. Information will be available within Learning & Development Panels and Staff Development Board. The information you have given may need to be disclosed to a service provider									



