

## COURSE BOOKING FORM

Course type <b>Half day Awareness</b> <b>One Day Champion</b> <b>Two Day First Aid</b>	
Employer / Organisation (or N/A)	
Delegate Name	
Are there additional delegates to enroll?	Yes / No (if yes we will contact you to discuss our company discount)
Job Title	
Daytime telephone number	
Contact email address	
Do you have any access, disability or training needs?	Yes / No If yes, please detail
Please score your <b>confidence</b> when supporting someone with a mental health problem (1- lowest, 10 -highest).	
Please score your <b>knowledge</b> of how to support someone with a mental health problem	
What interests you about attending Mental Health training?	
Do you have any concerns about attending the training?	Yes / No If yes, please detail
Date(s) of training course and location	
Cost agreed Payment due 14 days prior to training, 100% payable for any cancellations within 14 days of training.	

Invoice details (for company applications)	Name: Email address: Telephone No:
Have you been referred through the Refer Your Colleague Scheme? If yes please name the referrer	No / Yes Name of previous attendee:

Any questions? Email [katie@talentinspire.co.uk](mailto:katie@talentinspire.co.uk)

or call 01625 402118