



GCVS Training and Learning BOOKING FORM

To book courses, simply fill out a photocopy of this form.

Alternatively, contact Stacey Anderson or Tamsin Morton for an electronic version of this form.

| | |
|--------------------------------------|--|
| Name of participant | _____ |
| Position in organisation | _____ |
| Organisation name and address | _____ _____ |
| Tel: | _____ |
| Fax: | _____ |
| E-mail: | _____ |
| | *GCVS will contact you from time to time with information on upcoming courses. If you would prefer not to be contacted, please tick this box. <input type="checkbox"/> |
| Personal requirements: | |
| Signer: | <input type="checkbox"/> |
| Interpreter: | <input type="checkbox"/> |
| Large Text: | <input type="checkbox"/> |
| Other, please specify: | _____ |
| Dietary requirements: | |
| Halal | <input type="checkbox"/> |
| Vegetarian | <input type="checkbox"/> |
| Vegan | <input type="checkbox"/> |
| Other, please specify: | _____ |

I wish to book a place on the following course:

TITLE OF COURSE _____

DATE(S) OF COURSE _____

Only one person and one training course per form.
Cancellation Policy : If you cancel your training place within 10 working days of the start date of the course you are liable to pay the full cost of the course.

CHEQUE NUMBER / INVOICE

Costs vary - see the GCVS training calendar for details

Amount enclosed _____

Cheque number _____

Please invoice (tick)

Completed forms to
Workforce Development Services
GCVS
11 Queen's Crescent
Glasgow G4 9AS
Tel: 0141 332 2444
Fax: 0141 332 0175
stacey.anderson@gcvs.org.uk
tamsin.morton@gcvs.org.uk