



Training Booking Form

Name ..... Age.....

Address .....

.....Postcode .....

Contact number(s) (Home) ..... (Mobile).....

Email.....

<input type="checkbox"/>	Communication Skills Training (10hrs)	Movingon (20hrs)	<input type="checkbox"/>
<input type="checkbox"/>	Anger Management Training (10hrs)		

Preferred dates .....

Literacy support needed Yes / No

**If you are entitled to benefits (listed below) then the course will be provided free.**

Proof of benefit must be brought on day one of the training.

Please tick:

<input type="checkbox"/>	Job seekers allowance (not contribution based)	
<input type="checkbox"/>	Housing or Council Tax Benefit	<input type="checkbox"/> To Pay
<input type="checkbox"/>	Income Support	
<input type="checkbox"/>	Working Tax Credit	
<input type="checkbox"/>	Pension Credit (not Savings Credit)	
<input type="checkbox"/>	Unwaged Dependents (of those in receipt of the above benefits).	
<input type="checkbox"/>	Incapacity Benefit / ESA	

\*Referring Agency ..... (\*delete if not applicable)

\*Contact name .....

\*Contact telephone number ..... Date .....

Resources and refreshments are included.