**Booking Form for Training Courses**

Please retain a copy for your records and return a copy to Creative Optimistic Visions.

**Title of Course: Protective Behaviours Foundation Level**

**Date of course:**

|  |  |
| --- | --- |
| **First name** | **Surname** |
| **Address** | |
| **Contact telephone number** | |
| **Email Address**  **(**Correspondence mainly via email please state if another method is preferred) | |
| **Dietary Requirements** | |
| **Other Special requirements**  Access / Learning Needs | |
| **Total Fee due 7 days before course start date. £300** | |
| **Contact name for Invoice** | |
| **Contact telephone number** | |
| **Email Address**  **(**Correspondence mainly via email.) | |
| **Address for invoice** | |

**Booking.**

Please complete the booking form and return to [info@creativeoptimisticvisions.co.uk](mailto:info@creativeoptimisticvisions.co.uk)

Invoice will be sent to the address on the booking form and will need to be paid 7 days prior to course start date.

**Location.**

Training will take place at 213 Walsgrave Road, Coventry CV2 4HH unless otherwise stated.

: Creative Optimistic Visions CIC, 11 Steeple House, Percy Street, Coventry, CV1 3BY