**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

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