|  |  |
| --- | --- |
| In-Sight logo BWcare hub logo.pngLive Training Ltd | **Candidate Booking Form** |
| Training |  |
| Date of Training  |  |
| Date of completion of this form: |  |

# HOME CONTACT DETAILS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(As you wish it to appear on your certificate)

Please write in capital letters clearly

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a computer at home? Yes / No

Do you have email address: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_.\_\_\_\_\_

# WORK PLACE DETAILS

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work place name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address in Full)

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a computer at work? Yes / No

Work E-mail: \_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_.\_\_\_\_\_

# Equal Opportunities monitoring form

Age: \_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female\_\_\_\_\_

I would describe my race or ethnic group as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bangladeshi Chinese White Other Black Caribbean Arabic Black other

White EC Pakistani Indian Black African

|  |  |
| --- | --- |
| [ ]  | Candidate considers himself/herself to **have** a learning difficulty and/or a disability |
| [ ]  | Candidate **does not** consider himself/herself to have a learning difficulty and/or disability |
| [ ]  | No information provided by the candidate |

# YOUR CURRENT ROLE AND YOUR WORKPLACE

How many staff are employed at your workplace?

How many Staff are you responsible for:

Please describe your workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your main weekly and daily tasks (in brief): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of any specific dietary requirements (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Terms and conditions

## Enclose payment in full with registration form with the full fee. Otherwise provide full details to be invoiced for full fee. Please provide names of all delegates, using separate sheet if necessary. A booking form must be completed and signed. Telephone reservations will not be confirmed until a signed form is received by post, fax or e-mail.

## Certificates

## Certificates of attendance will be issued at the end time to all delegates who complete the training day.

## Cancellations and Substitutions

## You may cancel up to 3 weeks before the event for a refund of 80% of your. registration fee, Within 2 weeks a credit will be given for another seminar. If it’s 1 WEEK or less then there will be no refund.

## Please note that if you do not cancel and do not attend, you are responsible for payment in full. Substitutions may be made at any time.

## If the seminar is cancelled for any reason it will be rescheduled. We accept no liability whatever for any losses incurred in the event of such a cancellation.

Candidate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need more room to complete any part of this questionnaire please write the box heading and add information on to additional paper and staple to the end of this document.

**Head Office:-**

**33 Hamilton Road, Deal, Kent CT14 9BH**

**Tel: (01304) 361874**

**Mobile: 07931214835**

**info@care-training.org.uk**

**Fax: 08720220329**

**Company No. 09754046**

[**www.care-training.org.uk**](http://www.care-training.org.uk)