**CPD Booking Form**

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| **Name (Please print):** | **Job Title:** |
| **Address:****Postcode:** | **Organisation:** |
| **Email address:** | **Contact no:** |
|  **The Well Counselling maintains digital database of delegates at seminars and training events for administrative purposes. I consent to my name and details being held in the database for this event.** **Signature……………………………………………………………………………………. Date……………………………** **Please retain my contact information as I would like to be informed of future events** **Please delete my contact details after this event** |
| **I would like to book the following CPD event:****CPD Title ……………………………………………………………….……** **CPD Title……………………………………………………………………..** **CPD Title ……………………………………………………………….……** **CPD Title……………………………………………………………………..** | **See event description for fee** **Date …………………….. Fee £ …………** **Date …………………….. Fee £ …………** **Date …………………….. Fee £ …………** **Date …………………….. Fee £ …………** |
| **I enclose my cheque for £……………….. made payable to The Well Counselling Service. Bookings must be accompanied by the fee.****I confirm I have made a payment for £……………….. by BACS****Our BACS details are: The Lyttelton Well Ltd., Sort Code: 40-52-40, Account number 00018660. Please include the word Training and the date of the CPD event as a reference on your BACS payment.** |

Please send this form and remittance to:

Training, The Well Counselling, Lyttelton Well, Church Street, Malvern, WR14 2AY