**Domestic & Sexual Violence Training**

BOOKING FORM

**Please complete a separate form for each person and each course.**

**This information will be stored on a database**.

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **Job Title:** | **Ethnicity:** |
| **Work Tel:** | **Name of Manager:****Manager’s Contact No:** |
| **Email Address for correspondence:** | **Name of Organisation** |
| **Name of training:** | **Date of training:**Date: ……………..………………. |

**Sessions are FREE. However, candidates who have applied and do not attend or give adequate notice, will be charged a cancellation fee of £50.00.**

**At least 24 hours’ notice of cancellation is required.**

**Please advise if you have any specific requirements so that the necessary arrangements can be made (e.g mobility, dyslexia etc.)**

**Please note that we require your completed booking form and a pre-course evaluation form to confirm your place on the session requested.**

**Signature of Applicant:** ………………………………………………………

**Signature of Manager:** ……………………………………………………….

Please return to: DSVTeam@leicester.gov.uk

Phone: 0116 454 4140