

**TRAINING COURSE BOOKING FORM**

**Course Details:**

|  |  |
| --- | --- |
| **Course Title** |  |
| **Course Date** |  |
| **Cost** |  |

**Delegate Details:**

|  |  |
| --- | --- |
| **Name of delegate (s)** |  |
| **Delegate’s email** |  |
| **School/Setting -name and address** |  |
| **Contact telephone** |  |
| **Contact email** |  |
| **Dietary requirements** |  |

**Completed booking forms must be emailed to:** **smile@ifield.kent.sch.uk**

**For further information please call 01474 536924**