**Confidential**

**Training Course Booking Form**

Complete this form and return to The Training Cabin for registration

Please note: **We require this completed form prior to your training day**

If emailing the completed form to us, we will request a signed copy from you on your training day. Email completed form to admin@thetrainingcabin.com

COURSE TITLE:

DATE OF COURSE:

|  |  |  |
| --- | --- | --- |
| First name | Surname | Age (if under 18) |

|  |  |
| --- | --- |
| Address | Postcode |

|  |  |
| --- | --- |
| Telephone | Email |

|  |
| --- |
| Driving Licence number (only applicable to driver courses):  |

|  |
| --- |
| Company Name *(If applicable)* |

**Some of our training courses can include a physical element, so that we may make reasonable or necessary adjustments, please complete the table below as fully as possible.**

**Your information will be treated securely and confidentially and will be destroyed in accordance with our personal data policy.**

\* Special dietary requirements are those based on allergy, medical or religious reasons only

Do you consider yourself to have any disability? Yes ☐ No ☐

|  |  |  |  |
| --- | --- | --- | --- |
| Details of any learning difficulties | Details of any physical disabilities | Details of any health conditions | Details of any special dietary requirements\* |
|  |  |  |  |

Reasonable Adjustment Required? Yes ☐ No ☐

Please explain what reasonable adjustments are required below

|  |
| --- |
|  |

|  |
| --- |
| **Signed:**  |
| **Print Name:** |

**ADVERTISING / PHOTO CONSENT**

Occasionally we take photographs of our courses being delivered for advertising purposes; we will only use photographs that include our course participants with express consent.

I **DO** / **DO NOT** (delete as appropriate) CONSENT TO PHOTOGRAPH/S I APPEAR IN BEING PUBLISHED

 Signed: