

## Courses for Teachers: Application Form

Course Name:.....

Course Date:..... Number of Places:.....

Delegate Names and Job Title 1:.....

2:.....

3:.....

4:.....

Your Organisation:.....

Contact Address:.....

.....

.....Postcode:.....

Contact email address:.....

Daytime telephone number:.....

Emergency telephone number:.....

Where did you hear about the course?: .....

Please send an invoice to:.....

OR

I enclose a cheque\* for £.....

\*Please make all cheques payable to 'Julia Dyer' and send to : 13 Linden Drive, Clitheroe, Lancashire BB7 1JL