

IWCB Course Booking Form

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| Course Title | Scorers Course |
|---------------------|----------------|

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|-------------------|--|
| Name of Candidate | |
|-------------------|--|

| | |
|---------|--|
| Address | |
|---------|--|

| | | | |
|----------|--|-------|--|
| Postcode | | Email | |
|----------|--|-------|--|

| | | | |
|------------|--|--------|--|
| Tel Number | | Mobile | |
|------------|--|--------|--|

| | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| Do you have a disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------|-----|--------------------------|----|--------------------------|

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|---|
| If yes, please outline an additional support you may require: - |
|---|

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|---------------------------------------|
| Where did you hear about this course? |
|---------------------------------------|

Payment should be received prior to the course. Please make cheques payable to **IWCB**.

Cheque enclosed £30

Office Use Only

Cheque . Cash .

Signed: _____

Signed _____ Date: _____

Print Name: _____

Please return the completed form with payment to –
IWCB, Newclose CCG, Blackwater Rd, Newport, PO30 3BE or email stuart.chatfield@iwcb.org.uk

