

Enhancing Business Performance Booking Form



NAME OF COURSE:

DATE OF COURSE: DD | MM | YY

COST OF COURSE:

MR MRS MISS MS OTHER _____

Please tick where applicable

SURNAME:

FORENAME(S):

HOME ADDRESS: _____

POST CODE:

NATIONAL INSURANCE NO:

DAY TIME TELEPHONE NO:

MOBILE TELEPHONE NO:

DATE OF BIRTH: DD | MM | YY

EMAIL ADDRESS:

I FOUND OUT ABOUT THIS COURSE FROM:

PRESS ADVERTISEMENT WEBSITE PROMOTIONAL LEAFLET

WORD OF MOUTH PRESENTATION OTHER _____

Commercial Services

COMPANY NAME:

COMPANY ADDRESS:

POSTCODE: TEL NO:

E-MAIL:

*** I AGREE TO PAY THE FULL COSTS OF THIS TRAINING**

* SIGNATURE OF EMPLOYER _____ POSITION _____

PLEASE PRINT NAME: _____

N.B. IF FOR ANY REASON YOUR EMPLOYER DOES NOT PAY THE FEES FOR THIS COURSE, YOU AS THE APPLICANT, WILL BE PERSONALLY LIABLE FOR THE FEES INCURRED.

METHODS OF PAYMENT

CHEQUE I ENCLOSE A CHEQUE MADE PAYABLE TO CARDIFF& VALE COLLEGE FOR £ _____

INVOICE PLEASE INVOICE THE COMPANY. THE PURCHASE ORDER NUMBER IS: _____

CARD VISA MASTERCARD SWITCH MAESTRO (ISSUE NO.):

CARD NUMBER:

START DATE: EXPIRY DATE: SECURITY NO:

AMOUNT £ _____ CUSTOMERS SIGNATURE: _____

CASH ALL CASH PAYMENTS TO BE MADE IN PERSON TO A MEMBER OF CAVC.

FUNDING PROACT REACT OTHER AMOUNT £ _____

TERMS & CONDITIONS

1. ALL FEES MUST BE PAID AT THE TIME OF BOOKING TO CONFIRM YOUR RESERVATION
2. IF YOU OR YOUR SPONSOR CANCEL YOUR PLACE ON THE COURSE WITHIN 21 DAYS OF THE START DATE WE WILL BE UNABLE TO REFUND YOUR FEE
3. IF CAVC CANCELS THE COURSE THE FEE WILL BE REFUNDED