



Course Title	<input type="text"/>
Course Date	<input type="text"/>
Name of Organisation	<input type="text"/>
Applicants Name	<input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
Position	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Telephone / Mobile	<input type="text"/>
Email	<input type="text"/>
Fax	<input type="text"/>
Ethnic Origin	<input type="text"/>

Do you have any special dietary requirements?

Payment Enclosed? Yes  No  *(Payment should be made in advance)*  
 Payable to: **One Spare Chair Training Ltd**

Do you have a disability? Yes  No

If yes, please give further details (optional)

- Please note telephone bookings will not be accepted. Applications can be posted, faxed or sent by email.
- Please copy and complete a separate application form for each course you wish to attend. Places will not be confirmed until payment has been received.

