**Course Application Form**

Please fully complete the form below electronically and return to: [adults.servicestraining@newham.gov.uk](mailto:adults.servicestraining@newham.gov.uk)

**Please note incomplete forms will not be processed.**

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| **Full Name:**  (Please print in capital letters) |  |
| **Job Title:** |  |
| **Full Organisation Address:** |  |
| **Agency:** e.g. PVI (private, voluntary or independent), LBN, Health, Police |  |
| **Telephone No.** |  |
| **Work Email Address:**  \*\*We will use this email address to send out confirmation of course details |  |
| **Course Title:** |  |
| **Course Date:** |  |
| **By signing the application form you agree to the terms and conditions of the London Borough of Newham cancellation policy**   * Cancellations must be received at least 3 working days prior to delivery date. * If you do not attend, or fail to attend the complete course, your cost centre/organisation will be charged to cover our costs - £50 per session | |
| **Managers Name:** (Please print) |  |
| **Managers Signature:** |  |
| **Managers email address and telephone number** |  |
| **Invoice Address for external organisations** (this will be used if the cancellation fee applies) |  |
| **Please specify if you have any additional needs that you wish us to consider.** |  |

**Please await confirmation and joining instructions to confirm your place on the course.**

**For more details on how the council processes your information, please click on the following link:** [**https://www.newham.gov.uk/Pages/Services/Processing-personal-data.aspx**](https://www.newham.gov.uk/Pages/Services/Processing-personal-data.aspx)