

REMINISCENCE LEARNING APPLICATION FORM

Title: Mr Mrs Miss Ms Other _____ Date of Birth: _____

Surname: _____ First Name: _____

Home Address: _____ Work Address: _____

_____ Postcode: _____ _____ Postcode: _____

Telephone: (Day) _____ (Evening) _____

Fax: _____ Mobile: _____

Email: _____

.....
REQUESTED COURSE: _____ DATE: _____
.....

What do you hope to gain from this course?

Have you attended any courses with us before?

Current job title and/or relevant experience?

Do you have any qualifications? _____

Are you doing this course to develop skills within your current job? _____

Do you have any special requirements eg. Help with reading/writing, hearing or visual impairment?

Where did you hear about Reminiscence Learning? _____

Would you like someone to contact you about your learning needs? Yes No

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*REGISTRATION FEE ENCLOSED FOR COURSE: £ _____

Invoice address if required _____

Please make cheques payable to **Reminiscence Learning**

Please post to: **Reminiscence Learning, The Counting House, Tonedale Mill, Wellington, TA21 0AW**
or email to fiona@reminiscencelearning.co.uk
Telephone: 01823 433720 or 01823 323752

- We reserve the right to cancel or postpone any course at any time. However a full refund will be offered or your name transferred to an alternative date.
- If for any reason learners cancel or do not show for the course a percentage of the cost will be charged in accordance with our cancellation policy.

****PLEASE RETURN THIS FORM TO REMINISCENCE LEARNING
A.S.A.P. TO SECURE YOUR BOOKING****