

APPLICATION FORM

COURSE: **SCAFFOLD DESIGN APPRECIATION**

COMPANY DETAILS:

NAME:.....

COMPANY:

ADDRESS:

.....

.....

POSTCODE:

TELEPHONE:

MOBILE:

EMAIL ADDRESS:

DATE OF COURSE TO ATTEND:

SECOND CHOICE DATE (OPTIONAL):

COURSE DETAILS:

COURSE COST:
£395 + VAT for 1-3 delegates or £350 + VAT for 4+ delegates.

NO. OF DELEGATES:

TOTAL COST PAYABLE (EXC VAT):

CONTACT NAME FOR INVOICE (IF DIFFERENT):
.....

CONTACT NUMBER FOR INVOICE (IF DIFFERENT):
.....

OTHER INFORMATION:
.....

PLEASE COMPLETE DELEGATE PROFILE AS REQUIRED

OFFICE USE ONLY:

Invoice date: Invoice paid: Enrolment number:

WHAT NEXT:

Please complete page two of the application form, filling out a section for each delegate.

Send your completed application form to: Alwyn Richards Temp. Works Design, BBIC, Snydale Road, Cudworth, Barnsley, S72 8RP or return by fax. to: 01226 711353 or scan and email to: training@alwynrichards.com.

When we receive your completed application form we will send you an invoice and confirmation letter for your booking. Invoice is to be paid within seven days in accordance with ARTWD terms & conditions.

When we have received your payment you will be sent a course information pack containing everything you need to know about the course including detailed times and course structure, site facilities, directions and local accommodation information.

I have read and agree to the terms and conditions of ARTWD training as stated on the ARTWD website

Print Name: Signature: Date:

DATA PROTECTION:

The information you provide will not be given to any third party. ARTWD will only use this information for contacting you in relation to this booking. ARTWD will be running new courses in the future.

If you do not want to receive information on future ARTWD courses please tick here:

DELEGATE DETAILS

PLEASE COMPLETE ONE FORM FOR EACH APPLICANT

NAME:

COMPANY:

COMPANY POSITION:

EMAIL ADDRESS:

SCAFFOLD EXPERIENCE:

0 - 2 YEARS

2 - 5 YEARS

5 - 10 YEARS

10+ YEARS

DIETARY REQUIREMENTS

NONE

VEGETARIAN

VEGAN

Please inform us of any medical condition you feel we need to be aware of

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