



E-Learning Booking Form

Organisation Name: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Should decha need to be made aware of any particular requirements? Please provide full details below: -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE TICK WHICH RANGES YOU REQUIRE ACCESS TO.

Health & Safety

Business Essentials

Social Care & Health

Desktop Applications

Mental Capacity Act

Deprivation of Liberty Safeguards

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed forms to: decha, c/o Staff Development,  
Adult & Community Services, Durham County Council, County Hall, Durham DH1 5UG.  
Or fax to 0191 383 3796.