



Short Course Booking Form

Organisation Name: _____

Organisation Address: _____

Telephone Number: _____

NMDS Reference Number: _____

Course Details:

Course Title: _____

Venue: _____

Date _____ Times: from _____ to _____

No. of places booked*: _____ (Maximum of **either** 2 or 3 per member organisation – **please see course conditions before requesting places and ensure organisational and employee NMDS-SC data is registered**)

Name of staff members:

- 1. _____
- 2. _____
- 3. _____

Should decha need to be made aware of any particular requirements e.g. dietary, access, then please provide full details below: -

* Please be aware that in accordance with the decha Short Course Agreement any non-attendance will result in charges being implemented.

Signed: _____ Print Name: _____

Date: _____

Please return completed forms to: decha, c/o Learning & Development, Adults, Wellbeing & Health, Durham County Council, County Hall, Durham DH1 5UG. Or fax to 0191 383 3796.