



Dear Member

In order to be eligible to nominate staff from your organisation for short courses or qualification organised by and funded through decha please complete and sign two copies of this letter, returning one copy to decha and retaining the other copy for your records.

There are a number of criteria that decha member organisations must adhere to on booking places on short courses:

1. **Cancellation - if you reserve a place and subsequently cannot attend you must inform decha on 0191 3833274 no later than 10 working days before the course. Failure to provide 10 working days notice will result in your company being charged for the cost of the place which is currently a penalty of £50 per candidate per day plus a £10 administrative fee. If you book places within the 10-day working period and subsequently do not attend the above charges will apply. If the candidate fails to complete a qualification you must refund the cost of the full qualification.**
  
2. **Participants are to attend in full and complete all elements of the course – partial attendance is not possible other than in exceptional circumstances of which decha must be consulted. Partial attendance of a course will result in the above charges as in point 1 being implemented and no certificate being issued. You must inform decha in advance of the course of any particular needs such as dietary or access requirements that we should be aware of.**

I agree on behalf of \_\_\_\_\_ (Organisation Name) to abide by the above regulations in relation to courses organised by and funded through decha, I am aware that if \_\_\_\_\_ (Organisation Name) does not adhere to the above we will incur charges as detailed above.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Organisation \_\_\_\_\_ Date \_\_\_\_\_



### Course/Qualification 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)

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 Course Agreement any non-attendance/failure to complete a qualification 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 3833796.