|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Title\*/Qualification | |  | | | |
| Study Method \* | | Taught course / Distance Learning/ E-Learning/ Revision session / Exam or assessment sitting | | | |
| Start Date (Taught/exams only) | |  | | | |
| Title \* |  | First name(s)\* | |  | |
| Surname \* | |  | | | |
| Job Title\* | |  | | | |
| Company Name if applicable | |  | | | |
| Address\* | |  | | | |
| Postcode \* | |  | | | Joining Instructions  Via Email or Post |
| Email address\* | | Work: |  | | |
| Home: |  | | |
| Home or work telephone No. \* | | Work: |  | | |
| Home: |  | | |
| Mobile No. | |  | | | |
| PO Details | |  | | | |
| Invoice Details if different from above | | Name/Address/Email | | | |
| Other Comments  (E.G-Additional items purchased e.g. handouts for ELearners)  Ensure if you are an exam or assessment taker you specific which you wish to book. | |  | | | |
| Name and contact details of person making booking | |  | | | |
| I have read and agreed to our standard booking terms and conditions | | YES / NO | | | |

Cambridge Safety Booking Form