

Application form for PAVO training 2010
(Please fill out one form per applicant and per course)

Course title:

Date: | **Time:**

Cost: £20 full day £10 half day

Venue: Disability Resource Centre, Unit 30 Ddole Road, Llandrindod Wells LD1 6AG
(unless notified otherwise)

Name: | **Job title:**
(if applicable)

Organisation:

Address:

Telephone: | **Fax:**
Email : | **Mobile:**

NB all information is confidential

Please describe your job/role or volunteer role and responsibilities

Why do you wish to attend this course at this particular time?

What in particular do you want to learn from this course?

How do you intend to apply the learning from the course?

Please list other training courses you have attended relating to this course subject area. (Please say what level if possible)

A variety of training techniques are used in PAVO courses. Is there any particular type of training method that you like or dislike?

Are there any ways we can make this course more accessible for you, e.g. communication, etc

Dietary requirements (if appropriate)

Where did you see this course advertised?

I enclose a cheque made payable to PAVO, for £.....

Approving Signature

Post Date

Bookings cannot be processed without payment

Please complete and return with your payment to:
PAVO Training, Marlow, South Crescent, Llandrindod Wells LD1 5DH
Tel: 01597 822191 Fax: 01597 828675 Email: ruth.middleton@pavo.org.uk

NB
Should delegates cancel the following charges will apply:

- 15 days or more prior to the event no charge
- 14 days or less prior to the event 100% of course fee

For Office Use Only:			
Cheque received:	Yes	No	Cheque No.
PAVO Staff Name:			
Signature			Date