Booking Form

Please photocopy this form for each course required and return.

Company details *(please place 'x' in the appropriate choice box)*

Company Name: _____ Member ☐ Non Member ☐

Address: _____ CITB Levy No. ☐

_____

_____ Postcode: _____

Tel No: _____ Email: _____

Booked by (CAPS): _____ Signature: _____

Course/Qualification to be booked

Course title	Date(s)	Choice of Location/Remote
		Remote

Where did you hear about the course qualification?* Select

Delegate 1

Name* _____ DOB* _____

1st Line of Home Address* _____ Postcode* _____

Email** _____ Mobile No* _____ NI No* _____

Delegate 2

Name* _____ DOB* _____

1st Line of Home Address* _____ Postcode* _____

Email** _____ Mobile No* _____ NI No* _____

Delegate 3

Name* _____ DOB* _____

1st Line of Home Address* _____ Postcode* _____

Email** _____ Mobile No* _____ NI No* _____

Delegate 4

Name* _____ DOB* _____

1st Line of Home Address* _____ Postcode* _____

Email** _____ Mobile No* _____ NI No* _____

**This information is required to enable ARCA to claim grants on your behalf. **Required for remote training course*

Methods of Payment - Choose 1 of 3 methods *(please place 'x' in the box of your chosen method)*

1. ☐ By Training Credits

2. ☒ By Card Please debit my VISA ☐ Mastercard ☐ Switch/Maestro ☐ for £ _____

3. ☐ By Cheque I enclose a cheque for £ _____ made payable to ARCA

Invoice address if different from above

_____

_____

_____

Signature: _____ Date: ☐☐ ☐☐ ☐☐ Purchase Order No: _____

By signing this booking form you are accepting the terms and conditions as stated on our website www.arca.org.uk/page/arca-training-terms-and-conditions.
Please note: No delegate will be permitted to attend unless payment has been received in advance.

Please return this booking form by email to training@arca.org.uk or by post to ARCA, Unit 1 Stretton Business Park 2, Brunel Drive, Stretton, Burton upon Trent, Staffordshire DE13 0BY