

Training Application Form



Please return the completed form to:
Participation Network, Children in Northern Ireland, Unit 9, 40 Montgomery Road, Belfast, BT6 9HL

TRAINING EVENT:

Module Title:

Module Date:

APPLICANT'S DETAILS:

Name: (MR/MRS/MISS/MS) *

Department / Agency:

Job Title:

Address:

.....

..... Postcode

Telephone Number * Fax Number

Email Address *

Special Requirements:

.....

HOW DID YOU HEAR ABOUT THE PARTICIPATION NETWORK TRAINING EVENT:

Participation Network Newsletter Line Manager

Department / Agency Circular Colleague

From Participation Network Other

Please Specify

.....

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* Required

NB Please ensure you provide us with email addresses as Participation Network frequently responds with participants via email