**Booking Form**

**Level 2 Award in Health and Safety in the Workplace**

**Candidate Details**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Postcode:\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime telephone:\_\_\_\_\_\_\_\_\_\_**

**Date of course you wish to attend:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please note that the course and course materials are delivered in English only.

If you are requesting other languages other than this please find attached list of additional training providers.

**Specific Course Requirements**

If you have specific needs that we may need to accommodate to enable you to take the examination, please indicate them here (**e.g. oral examination, scribe etc**.) We will then contact you to discuss your needs and what arrangements will need to be made. For this reason if you have specific needs please ensure your reservation is made at least 21 days before the date of the course.

**Dietary Requirements**

Please give details here if you have any specific dietary requirements in relation to the buffet lunch

(e.g. vegetarian, gluten-free)

**Booking Terms and Conditions**

1. Cardiff Council reserves the right to cancel or amend any courses.

2. The course fee must be paid before the course starts and preferably by cheque.

3. Delegates may cancel and attend another course, but 2 days' notice must be given.

4. Refunds cannot be given for non-attendance. In exceptional circumstances you will be asked to put your reasons in writing.

5. Delegates should arrive 15 minutes beforehand to ensure a prompt start.

**Declaration**

I have read the details on this form and agree to the terms and conditions.

Signed: ............................................................................. Date: ...................................................

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| **Please return this form with payment in full to:** | **Please make cheques payable to:** |
| **CARDIFF COUNCIL****SHARED REGULATORY SERVICES****CITY HALL, CATHAYS PARK,****CARDIFF, CF10 3ND** | **CARDIFF COUNTY COUNCIL*****PLEASE DO NOT SEND******CASH THROUGH THE POST*** |