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| **Booking Form** |  |

**Allergy UK Awareness of Allergens training (RQF)**

**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.**

**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.

6. **Please ensure that you bring an appropriate form of identification with you to the course, such as a passport, driving licence or any other form of official identification that includes a photograph. Failure to produce suitable identification will mean you will not be able to take the examination**

**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:** |
| **Shared Regulatory Services Training** **Bridgend, Cardiff and the Vale of Glamorgan** **Room 108, County Hall****Atlantic Wharf****Cardiff****CF10 4UW** | **VALE OF GLAMORGAN COUNCIL*****PLEASE DO NOT SEND******CASH THROUGH THE POST*** |

**Tel: 02920871120**