RASS Training



Course Booking Form For On-Premises Training

Sections 1 & 2 to be completed by the training provider. Please fill out the form using CAPITALS

Section 1: Customer Details Company name: Contact address: Company contact name: Main contact phone number: Mobile phone number: Contact email address: Accounts office address: Accounts office phone number: Accounts office email: **Section 2: Course Details** Machine details: **Coursetype: Novice** Experienced Refresher Conversion **Duration:** Dates of training: Location: Instructor: Information to provide/forward with this booking form: e.g previous training certificate, premises checklist

Page 1 V2.05.14

N.B: Please remember to include this information (evidence/certificates etc) when returning this form.

Page 2 V2.05.14



Course Booking Form

Sections 3 & 4 to be completed by the customer

Section 3: Candidates Details (if available, please supply the details of the candidates attending training)

No.	Title	Surname	Forename(s)	Forename(s) Address		Telephone	
1.							
2.							
3.							
Any sp	oecial re	equirements:					
Decla	ration:	by completing and	l returning this booking for	n you are agreei	ing to the terms a	nd conditions of sale	
Name	2:				Date:		
Sectio		ease remember to ir ayment Details	nclude the relevant informati	on listed in sectic	on 2 when returni	ng this form.	
Paye	e name	2:					
Comp	any (If a	applicable):					
Machinetype:					Course price:		
Expei	nses:						
Appli	cable V	AT:	Total amou	int payable:			
Purch	ase or c	lerNo:	ChequeN	o:	Payable to:		
l wish	to pay	by credit/debit ca	rd please call me on:				

Please complete sections 3 & 4, then retain a copy of this form and send the original document back to us. Also, please make sure you include a signed and dated course resources declaration for on-customer premises. Please remember to include the relevant information listed in section 2 when returning this form.

Page 3 V2.05.14