

COMMUNITY CAPACITY BUILDING (CCB) TRAINING
Community Capacity Building Partnership

BOOKING FORM

Note: Please complete one form per person per course (photocopies are acceptable)

All fields MUST be completed!

COURSE DETAILS			
Course Title:		Course Date:	
YOUR DETAILS (PLEASE PRINT CLEARLY)			
Mr / Mrs / Miss / Ms (<i>delete as appropriate</i>)	Forename(s):	Surname:	
Home Address:		Postcode:	
Date of Birth: ____/____/____	Home Tel:	Email:	Mobile:
Do you have any special requirements?			
Name of your Organisation/Group:		Your position in this Organisation/Group:	
Is your position paid or voluntary?		How did you hear about this Calendar?	
DATA PROTECTION: I agree that the information provided above may be used for statistical reporting purposes Signed:			

If you are a Moray Council employee, please ensure your Line Manager has signed this form to authorise your participation.

Line Manager: **Date:**

The Partnership is committed to meeting the needs of all learners irrespective of ability or disability. We will take all reasonable steps to ensure that you can benefit from the full range of training that we provide.

Thank you for your interest in the training offered.

Please return the form to: Debi Ingram, CLD Youth Team, The Moray Council, NEON, New Elgin Primary School Annexe, Bezack Street, New Elgin, IV30 1DP
Email: debi.ingram@moray.gov.uk