

Training Booking Form

Personal Details

Name	
Job title	
Organisation	
Address	
Postcode	
Telephone	
Mobile	
Email	

Course Details

Course Title	
Start Date	
Fee	

Additional Information

Are there any needs you would like to be taken into account when providing this course? For example, mobility or visual aids, learning aids, dietary needs?

Payment Details

Cheque	Bank Transfer	Organisational Invoice
Please make cheques payable	A/c Name: Mediation NI	
to Mediation Northern Ireland	Bank: First Trust Bank	
	Branch Code: 93-86-09	
	Account No.: 92468031	
	Reference: Trainee Full Name	

Cancellation Policy

Please let us know as soon as possible if you are unable to attend, in writing (by letter or email). Full refunds will only be given if you have given us at least **10 working days' notice** before the first day of the course of your cancellation. If less than 5 workings days are given, the full course fee will still be payable. If less than 10 but more than 5 working days' notice is given, 50% of the course fee will still be payable. Mediation Northern Ireland reserves the right to withdraw / reschedule a course at any time.

Declaration

I have completed the form accurately, I have included my payment details and I agree to the cancellation policy.

Signed	
Date	

Please return this form to info@mediationnorthernireland.org