Working Creatively with Adolescents Workshop

*Trainer:* ***Rachel Eastop***

***Please email this form to*** ***office@essentialtraining.associates***

**APPLICATION FORM**

|  |
| --- |
| 1. **Personal Details**
 |
| **Name:** |  |
| **Organisation:** |  |
| **Telephone Numbers:** | **Home:** |  |
| **Mobile:** |  |
| **Email Address:** |  |

|  |
| --- |
| 1. **How did you hear about this workshop?**
 |
|  |
| 1. **Do you mind if we hold your details on our database? (please tick)**
 |
|  | **Yes** | **No** |
|  |  |  |
| 1. **Can we email you details of other courses we will run in the future? (please tick)**
 |
|  | **Yes** | **No** |
|  |  |  |
| **Workshop Cost:** |
| **£75** per person paid at the time of booking (Essential Training Associates - Sort code: 80 22 60, Account number: 16640662) |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_