Working Creatively with Adolescents Workshop

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

***Please email this form to*** [***office@essentialtraining.associates***](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_