|  |  |  |  |
| --- | --- | --- | --- |
| Name of person making the booking |  | Organisation |  |
| Email  |  | Phone |  |
| Email the invoice should be sent to |  |

1. **Open Trainings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accredited Trainings** | **Date** | **Location** | **No. of places** |
| Communication Skills |  |  |  |
| Sex - The Physical Dimension |  |  |  |
| Challenging Inequalities |  |  |  |
| Sex and Consent |  |  |  |
| Sex Online |  |  |  |
| Understanding ABC |  |  |  |
| **Non-accredited Trainings***(State the training you’re interested in):* | **Date** | **Location** | **No. of places** |
|  |  |  |  |

1. **Organisational Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **Date &** **a.m. / p.m.** | **Organisation address** | **No. of places** |
|  |  |  |  |

1. **Please give the name and email address for each person you are booking for:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name |  | Email |  |
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| Name |  | Email  |  |
| Name |  | Email  |  |
| **Please tick to confirm that you have read and agree to the Terms & Conditions of booking our services** |  |

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