FAX THIS FORM TO: **020 7527 5651**

POST TO:
JULIAN DORLING
EYFST, 2ND FLOOR,
LAYCOCK CENTRE,
LAYCOCK ST,
N1 1TH
Tel: 020 7527 5953

ISLINGTON

EARLY YEARS BOOKING FORM

EARLY YEARS FOUNDATION STAGE TEAM

PLEASE PHOTOCOPY FORMS FOR FUTURE TRAINING

COURSE NAME:

Date: Times: Places Required: .....

Cost: £..... Budget Code: ..... (if applicable) Cheque Enclosed: ☐

If this course is not free please enclose your payment with this booking slip. Cheques should be made payable to the London Borough of Islington.
Please write the course name and date on reverse of cheque.

NAME OF PARTICIPANT/S: ..... / .....

..... / ..... / .....

WORKPLACE NAME:.....

WORKPLACE ADDRESS: .....

.....

PHONE: .....E-MAIL: .....

SIGNATURE OF MANAGER
/ SUPERVISOR: .....Date: .....

Does the Participant have a medical condition or learning disability we should be aware of?
If yes, please give details … (any information given in this section will be handled in the strictest confidence. (Please use separate sheet if necessary)

Details: .....

PLEASE NOTE THE FOLLOWING:

LUNCH IS NOT PROVIDED ON TRAINING
Therefore it is recommended that you make prior arrangements.

TERMS & CONDITIONS:
Booking for courses are conditional on completion of the course. Failure to attend without cancelling with at least 24 hours notice will be subject to a nominal fee of **£50.**
You must post / fax a copy of this form to secure a place on a course.
If you have failed to receive confirmation a week before a course starts, please ensure you phone to confirm as applications are occasionally mislaid.
All practitioners should be on our database to attend training - if you are a new member please complete a practitioner profile form available to download or call 020 7527 5953

ADMIN USE ONLY: **P V I M**