

**Education, Children's Services & Libraries Department
Early Years, Childcare and Play Partnership**



COURSE APPLICATION FORM

Please complete one form per applicant.

If you are booking by telephone, you must supply your name, address and date of birth.

A. COURSE DETAILS:

Course Date(s):	Course Title:
Course Code:	

B. APPLICANT DETAILS:

Title: Mr/Mrs/Miss/Ms	Full Name:	Date of Birth: (Required to process booking)
Address:		
Home/Mobile Phone Number:	Email Address:	
Please state any special requirements you have (eg. dietary, mobility etc.):		
Applicant Signature:		Date:

C. WORK DETAILS:

Place of Work:	
Job Title:	
Work Address:	
Work Phone Number:	Email Address:
<i>I authorise the above person to attend this course according to the published course fees:</i>	
Employer's Signature (if applicable)	Date:

C. TO BE COMPLETED BY MAINTAINED SECTOR STAFF ONLY:

<i>I authorise the above person to attend this course according to the published course fees:</i>	
Please charge course fee to Cost Centre code:	Detail code:
Signature of Headteacher:	Date:

PLEASE RETURN COMPLETED APPLICATION TO:
Sue Leeden, Early Years, Childcare and Play Team, Bracknell Forest Council, Seymour House,
38 Broadway, Bracknell, RG12 1AU
Fax: 01344 354001
Tel: 01344 353100