



**Short Course  
Training Programme**

2009/10

**Booking Form**

One form per person

Please refer to the front page of the current South Downs CVS training brochure for booking and cancellation policy.

Your name \_\_\_\_\_  
 Job title \_\_\_\_\_  
 Name of organisation \_\_\_\_\_  
 \_\_\_\_\_  
**Type of organisation** (please tick boxes)  
 Voluntary/Community:  
 Up to 2 f/t staff   
 3 to 6 f/t staff   
 More than 6 f/t staff   
 Statutory  Commercial  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Telephone (day) \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Do you have any specific requirements?  
 \_\_\_\_\_  
**Monitoring details**  
**Are you attending this course as a:**  
 Volunteer  M'gment  
 Paid worker  Ctte member  
**Are you:**  
 Male  Female  
 Disabled  
**Ethnic Origin:**  
 African Caribbean  Asian  
 Chinese  Irish  White  Other  
**Please copy this form as required and use one form per person. Return completed forms to 3VA, 66 High Street, Lewes, East Sussex, BN7 1XG.**  
**This brochure can be downloaded from the Training page of our website: [www.southdownscvs.org.uk](http://www.southdownscvs.org.uk)**  
**A large print version is available on request, telephone 01273 483832**

course	date	Current skill/knowledge level (0-10)	What would you like to achieve from this course? Please state your 2 key objectives	cost
			1 2	
			1 2	
			1 2	
			1 2	
			1 2	
			TOTAL	

- Tick here if you are enclosing a cheque for payment payable to **3VA**
- Tick here if you would like us to send you an invoice prior to payment (£2.00 administration fee will be added to your total)
- Tick here if you are applying for a 10% 3VA (SDCVS) members discount