Clew Bay Health & Safety
Training & Consultancy

Please complete and return this form to book your place. Use the TAB key to move between fields on this form

Training Booking Form

Location of Course _____

Title _____ **First Name** _____ **Surname** _____

Position _____ **Company** _____

Telephone (Day) _____ **E-Mail** _____

Address | **Invoice Address**

Course Name _____

Start Date _____ **Authorised by** _____

Please specify whether you would like course certification posted or emailed: ☐ **Email** ☐ **Posted**

Methods of Payment (due before course commencement):

☐ Cheque/Bank draft ☐ Invoice PO Number _____ **Insert Paypal**

☐ VISA ☐ Access ☐ Mastercard ☐ Laser

Card No.																	***Exp. Date***				

Total Course Fee: €

Credit Card Holder's Name: _____

- **Courses cancelled within a week of course start date will be charged in full.** Courses transferred within a week of course start date may incur a 20% administration charge. Cancellations must be received by email or in writing by the individual who booked the training course.
- Payment or a purchase order number must have been received to secure training before course start date. If payment has not been received, training will not be allowed to commence.
- Certificates for any course will not be issued unless payment has been received in full.
- Participants should be in the training venue at least 5 minutes before the course start time. Participants who are late for a course by more than half an hour will not be permitted on the course.

Please sign to indicate your acceptance of the above terms and conditions and to confirm your booking

Signature: _____ **Date:** _____

Return this form by post or e-mail to:

Trish O' Looney Duffy,
Clew Bay Training,
Kinnock,
Kilsallagh,
Westport,
Co. Mayo

TEL.: 087-9817925
Email.: clewbayhealthandsafety@gmail.com
WEB : www.clewbaytraining.ie

Office use only:
Payment Received:
Ref: