



improving health, improving lives

VOLUNTARY ACTION CALDERDALE

Training Booking Form 2011

(Please photocopy for others to use, and complete one form for each course attending)

COURSE TITLE:	DATE OF COURSE:
NAME OF GROUP/ORGANISATION:	
NAME OF ATTENDEE/S: 1)	2)
CONTACT ADDRESS:	
POST CODE:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
ORGANISATIONAL STRUCTURE:	
New/Emerging Groups <input type="checkbox"/>	Unincorporated Organisation <input type="checkbox"/> <i>(not formed into a legal structure)</i>
Formally Constituted Trust/Charity <input type="checkbox"/>	Registered Charity <input type="checkbox"/>
Other Registration <input type="checkbox"/>	(Please State)
Statutory/Private <input type="checkbox"/>	
Operating in:	
Upper Valley <input type="checkbox"/>	Lower Valley <input type="checkbox"/>
	North Halifax <input type="checkbox"/>
Halifax <input type="checkbox"/>	Calderdale Wide <input type="checkbox"/>
	Outside of Calderdale <input type="checkbox"/>
Where did you find out about this training? (please tick relevant box)	
VA-C Newsletter <input type="checkbox"/>	Flyer <input type="checkbox"/>
	Poster <input type="checkbox"/>
	Email <input type="checkbox"/>
Word of mouth <input type="checkbox"/>	Other <input type="checkbox"/>
	(please state) _____

About you: (Please tick the relevant boxes)

Are you:

1) A volunteer/unpaid staff member? Paid Staff Management Committee member?

2) What do you do within the organisation? _____

Special Requirements – If you have any special requirements please detail below:

VA-C Training Charges (if you are unable to attend a colleague can come instead)

Funding Status	Under 5K Annual Turnover	Over 5K – Under 20K	Over 20K	Outside Calderdale	Statutory Groups
Half Day	£10	£20	£30	£50	£60
Full Day	£10	£25	£40	£80	£100

To guarantee your place, please reserve as soon as possible. We require payment in advance when a booking is made.

If you are unable to attend, we require 14 days notice to cancel your booking.

Cheques to be made payable to: **Voluntary Action Calderdale**

Total payment Enclosed: £ _____

I agree to my details being added to Voluntary Action Calderdale's database in order that the Training team can send me information relating to courses and that my information may also be used for monitoring purposes.

Signed by: _____ **Date:** _____

Please return this form plus payment to:
Training Administrator, VAC, Resource Centre, Hall Street, Halifax, HX1 5AY.
Or for further details call on: 01422 348777, Email: training@cvac.org.uk

DATA PROTECTION STATEMENT

In dealing with us you have provided/may provide us with personal data about yourself/organisation. Voluntary Action Calderdale is committed to following policies which protect your privacy and comply with current international Data Protection Laws and Regulations in respect of personal data. Further details of our current policy are available on request.

From time to time other organisations contact us for contact details of other Voluntary/Community organisations to send them information on such things as training or consultation events. Therefore can you tick either of the boxes below for your information to be passed on.

YES

NO