

# Voluntary Action Luton



## CWDC Leadership Training BOOKING FORM

**These courses are specifically designed for Third Sector organisations, which are working with Children and Young People in Luton**

**PLEASE NOTE:** There is a £10 refundable deposit on attendance, which will be compulsory for each course and should be enclosed with the booking form. Please tick the courses you would like to attend

- |                          |   |                                      |
|--------------------------|---|--------------------------------------|
| <input type="checkbox"/> | <b>Leadership: Qualities and Competencies</b> | <b>25<sup>th</sup> February 2010</b> |
| <input type="checkbox"/> | <b>Managing Change</b>                        | <b>18<sup>th</sup> March 2010</b>    |
| <input type="checkbox"/> | <b>Policies and Procedures</b>                | <b>22<sup>nd</sup> April 2010</b>    |
| <input type="checkbox"/> | <b>Effective Supervision</b>                  | <b>6<sup>th</sup> May 2010</b>       |
| <input type="checkbox"/> | <b>Project Management</b>                     | <b>10<sup>th</sup> June 2010</b>     |
| <input type="checkbox"/> | <b>Health &amp; Safety</b>                    | <b>15<sup>th</sup> July 2010</b>     |

### Booking Process:

A letter confirming your place on the training day will be sent on receipt of this Booking form together with the appropriate payment (**please make cheque payable to Voluntary Action Luton** at 15 New Bedford Road Luton Beds, LU1 1SA).

Please return this form as soon as possible to avoid disappointment.

**Name:**

**Role:**

**Organisation:**

**Address:**

**Post Code:**

**Telephone No:**

**Email:**

**Special Dietary Requirements:** If you have any specific requirements to enable you to attend this event please let us know. Every effort is made to meet individual requirements. This could include, dietary requirements (vegetarian and non vegetarian food will be supplied where lunch is specified in the programme), a loop system, sign language interpreter, wheel chair access or handouts in large print:

**Please tell us of any individual requirements, which will enable you to attend this workshop/event.**

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I confirm I wish to attend the above workshop and agree to the booking arrangements stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The data on this form will be entered on a database and used to arrange your attendance at this event. We may also advise you of other events we organise. It will not be used for any other purpose. We will treat your completion of this form as consent for the information to be used for this purpose unless otherwise notified.