

# City Health Training Booking Form - BESPOKE SESSIONS

USE THIS FORM IF YOU WOULD LIKE TO SET UP A TRAINING SESSION SPECIFICALLY FOR YOUR ORGANISATION.

By completing this form you are agreeing to City Health Care Partnership CIC's terms and conditions as detailed on our website.

Please complete this booking form providing all of the information requested and return it to us:

**By email:** CHCP.CityHealthTraining@nhs.net

**By Post:** City Health Training, City Health Care Partnership CIC, Business Support Centre,  
5 Beacon Way, Hull, HU3 4AE

## Organisation Details

<b>Company name</b>	
<b>Invoice address</b>	
<b>Contact name</b>	
<b>Telephone number</b>	
<b>Email address</b>	

## Course Details

<b>Title of course</b>	
<b>Preferred date(s) for course</b>	
<b>Venue</b>	
<b>Number of delegates</b>	
<b>Staff group</b> <i>(for example: Health care staff, managers, teachers etc.)</i>	

## Payment

<b>Course cost</b>		Charity/Voluntary discount applies?
<b>Signature</b>	I have read and agree to City Health Care Partnership's Terms and Conditions.	

## Office Use only

Name of trainer	
Trainer confirmed	
Confirmation sent	
Finance	