

**BOOKING FORM**

**CPD Accredited Course**

**Designated Safeguarding Lead (DSL)**

**Training course for all Professionals working with children**

*Please complete details below and return to* ***Office@lifematters.co.uk***

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| |  |  |  | | --- | --- | --- | | ***Name of Attendee*** |  |  | | ***Name of organisation***  ***Position in Company*** | ***Contact Number*** | ***Email*** | | ***Course dates and locations*** | **Monday 5th July Medway**  **Wednesday 24th July Ashford**  **Friday 2nd August Medway**  **Monday 12th August Ashford** | **Date attending** | | ***Payment Details***  The Life Matters  Account No 67200319  Sort Code 08-92-99  ***(Please use your***  ***Name & organisation as Payment Reference)*** | ***Payment reference used to make payment*** | ***Date Paid*** | | ***Special Requirements***  ***Pls Include Allergies, & any disability reasonable adjustments*** |  |  |   [www.thelifematters.co.uk](http://www.thelifematters.co.uk) - Registered Charity 1193469 |
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