

**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 MattersAccount No 67200319Sort 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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