



Tyne & Wear Care Alliance

Supporting workforce development
throughout the independent care sector

Please complete full Booking Form

Booking Form

My organisation has authorised attendance on:

Epilepsy Awareness Jan 18th 2012 - Newcastle Network

Details

Organisation _____

Daytime Tel No _____

Fax No _____ Email Address _____

Address _____

Post Code _____

Number of places **AM** _____ **PM** _____

Payment :

This seminar is being funded via the Newcastle Network Development Fund. A small charge of £10 per delegate to cover the cost of the venue and tea/coffee

- I enclose a cheque made payable to Sunderland City Council.

Agreement

By signing the form the individual agrees to the Tyne and Wear Care Alliance's Terms and Conditions in respect of applying for a place at a Tyne and Wear Care Alliance Event

Signature _____

Name (printed) _____

Date _____

Participants Requirements

- I will be using a wheelchair/require assistance with access

- I will be bringing an assistance dog

Any additional requirements (Please detail) _____

Return completed booking form and cheque made payable to Sunderland City Council: Tyne and Wear Care Alliance, Unit 1 North East Business and Innovation Centre, Wearfield, Sunderland Enterprise Park East SR5 2TA Fax No 5482008
Closing date for bookings Jan 11th 2012

