

Alan John Associates Ltd

First Aid Training Consultants

Spendale House, The Runway, South Ruislip. HA4 6SE Tel: 0845 300 7676 Fax: 0208 845 5566

REQUEST FOR IN-HOUSE TRAINING

COMPANY DETAILS

NAME OF COMPANY: _____
ADDRESS (for invoicing): _____

_____. POSTCODE: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____
CONTACT PERSON: _____ POSITION: _____
YOUR PREFERENCE FOR COMMUNICATION: (email? phone? fax?) _____

COURSE DETAILS

TYPE OF COURSE REQUESTED: _____
DATE (S) OF COURSE: _____
START TIME: _____ FINISH TIME: _____
NUMBER OF DELEGATES: _____
SPECIAL REQUESTS: _____

VENUE INFORMATION

ADDRESS WHERE COURSE IS TO BE HELD (if different from above): _____

CONTACT PERSON* (if different from above): _____ TEL: _____
COFFEE/LUNCH ARRANGEMENTS: _____
IS THERE A POWER POINT PROJECTOR WITH/ WITHOUT** COMPUTER? _____
WILL YOU BE PROVIDING AN O.H.P. & FLIP CHART?: _____
WHAT ARE THE CAR PARKING ARRANGEMENTS FOR THE TRAINER?: _____

ADDITIONAL COMMENTS: _____

** Please provide a **mobile** phone as necessary, e.g. weekend & evening training.*
*** Please advise if **no** computer is available. The trainer will bring his/her own CD/ computer as necessary.*

TERMS AND CONDITIONS

Unless other arrangements have been made we will invoice you immediately after the completion of the course. Payment is due within 30 days from the date of the invoice. All prices quoted are exclusive of V.A.T. Full payment due for cancellation of less than 14 days written notice. In the event that we have to cancel for any reason howsoever caused, we will reimburse the full cost of the course with no other liability. First Aid at Work and Re-qualification courses are limited to a maximum of 12 delegates per course per trainer (H.S.E. Regulations).

I agree to the above terms and conditions and request training as above. **Purchase Order No.** _____

AUTHORISED SIGNATURE: _____
NAME: (Please print) _____
POSITION IN COMPANY: _____