# Course Information Request

Thank you very much for your course booking. We would be very grateful if you could provide us with the following information. To ensure your delegates have an equal opportunity during the course and any assessments, we would appreciate it if you could make us aware of any specific requirements any of the delegates may have in relation to learning or physical needs. We can then ensure these needs are addressed in time for the course.

| **Company Name:**  |       | **Co-ordinator Name:**  |       |
| --- | --- | --- | --- |
| **Course Title:** |       | **Course Date:** |        | **Start Time:** |       |
| **Course Contact:** |       | **Course Contact Telephone Number:** |       |
| **Any additional information you may wish to provide**  |       | **Invoice Address:** |       |
|  |  | **Purchase Order Number**  |       |

|  |  |
| --- | --- |
| Within the course confirmation you have received for this course are the Joining Instructions for your delegates, also contained within this confirmation are details of any specific arrangements that are required for us to present the training course; we would be grateful if you could confirm these arrangements are in place |       |

# Course Information Request Cont’d

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:**  |   | **Co-ordinator Name:**  |   |
| **Course Title:** |   | **Course Date:** |   | **Start Time:**  |   |

# Delegate Details *(please complete the delegate email address if you would like the Video Conferencing meeting link(s) sent direct to delegates attending)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **First Name**  | **Surname** | **Email Address** | **Occupation** | **Reasonable** **Adjustments\***  |
| **1** |       |       |       |       |       |
| **2** |       |       |       |       |       |
| **3** |       |       |       |       |       |
| **4** |       |       |       |       |       |
| **5** |       |       |       |       |       |
| **6** |       |       |       |       |       |
| **7** |       |       |       |       |       |
| **8** |       |       |       |       |       |
| **9** |       |       |       |       |       |
| **10** |       |       |       |       |       |

\*Reasonable adjustments - details of any delegates with particular learning needs, disabilities, medical conditions, or that speak English as a second language, who will require additional support during the course