**Course Booking Form – TFH Training Workshop 2024**

Trainer: Helena Argüelles AKFRP, IKCPK, IASK, IKC Faculty UK

Venue: The Old Vicarage, Awre, Forest of Dean, GL14 1EL, GLoucestershire

Date: 20th – 27th June 2024

Fees: £850 + full board £600 (residential with single room)

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| --- | --- |
| Name:  | Address: |
| Tel: |
| Mobile:  |
| Email:  |
| Date of birth:  | Occupation:  |
| Emergency contact name: | Emergency contact phone: |
| Instructor/s name/s: |
| **Course Date** | **Course Name** | **Course Fee** | **Amount Paid with booking** | **Balance Due** |
| 22nd – 29th June 2022 | TFH Training Workshop | £850 | £ | £ |
| Accommodation | £600 | £ | £ |

A £200 non-refundable deposit is required to confirm your place. Any remaining balance will be due **3 weeks prior** to your workshop**.** On receipt of your booking form and deposit you will be emailed confirmation and joining instructions.

Payment can be made electronically into the following account: Sort Code - 600905, Account Number – 10356436 **OR** Post cheques payable to Helena Arguelles and send to The Beck, Awre, Gloucestershire, GL14 1EQ

**OR** Contact Helena if you would like to pay by credit card or require a payment plan

***\*\*\* NB This is a residential workshop and will be held at The Old Vicarage, Awre, Gloucestershire.***

***Single rooms with shared bathroom cost £600 full board payable 3 weeks prior to booking . Please specify your dietary needs:***

* Vegetarian
* Gluten Free
* Dairy Free
* Vegan
* Other

**CONFIDENTIAL**

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| **Name you would like on your certificate:**  |  |
| **Name you would like to be known by on the course:**  |  |
| **Three Words to describe you:**Please give 3 words below which describe you as a person.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Why are you joining the course?** **What do you hope to gain from joining?** | **Do you have any concerns, however small, about attending the course?**  |
| **Medical Information:** Please identify if suffer from any of the following.**Asthma** yes/no**Diabetes** yes/no**Epilepsy** yes/no**Heart / circulatory problems** yes/no**Mental health issues** yes/no**Musculoskeletal problems** yes/noPlease list any current medication you are taking: | **Disability:** Do you consider yourself to have a disability which may require support in order for you to access the learning? **Visual impairment** yes/no**Hearing impairment** yes/no**Disability affecting mobility** yes/no**Other disability** yes/no**Learning:**Do you consider yourself to have a learning difficulty which may require support in order for you to access the learning? **Dyslexia** yes/no**Dyspraxia** yes/no**Autistic spectrum** yes/no**Other:** |
| **I agree to the name and contact details I have provided being passed to the IKC website to register my training and issue my certficate.****Signed: Date:** |