

College Preparation Course
15th – 19th June 2015

BOOKING FORM

Name:

Address:

Date of Birth:

Contact number:

Email address:

Communication: BSL SSE Spoken English

Do you have any dietary needs?

Do you have any medical conditions we need to know about?

Emergency Contact

Name:

Address:

Telephone Number:

Mobile Number:

Doctors Name and Address:

Please return forms to Barbra Woodburn, Employment Adviser, Action on Hearing Loss

Tel/Text 0141 341 5346 Mobile 07436 267402

Email barbra.woodburn@hearingloss.org.uk



LOTTERY FUNDED