

# Booking Form

## Want to Run a Parenting Course? Day 1

Please complete and return to Family Matters Institute, Moggerhanger Park,  
Moggerhanger, Bedfordshire, MK44 3RW or fax to 01767 641515  
at least 14 days before the course date.

Or complete the form and pay securely on-line at:  
[www.familymatters.org.uk/wrapc\\_book.php?day=1](http://www.familymatters.org.uk/wrapc_book.php?day=1)



<b>Personal and Course Details</b>
Delegate's Name
Date of Birth
Home Address
Telephone Number
Facsimile Number
E-mail
Name of Organisation
Role within Organisation / Group
Employment Status: Full Time / Part Time / Volunteer / Other (Please specify)
Date of Course

<b>Special Requirements (Please describe)</b>
Visual or auditory needs? Interpreter service? Disabled access required? Dietary requirements? Other special needs?

<b>Practical Details</b>
Have you ever run a parenting course before?      Yes / No If yes, please give details
Why are you interested in this training?

Please put a number in the box to prioritise your learning objectives: (1 being your highest priority):

Publicity / Accessibility

Resources/ Materials

Facilitation skills

Increase Personal Confidence

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For whom do you want to run a parenting course?

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When are you planning to run a course?

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What materials do you plan to use?

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Please give details of any previous relevant training.

**PAYMENT OPTIONS :**  
*We will send you an invoice whatever method of payment you choose\*. Costs are subject to VAT.*

I am sending payment for Day 1 of £127.66 + VAT(17.5%) = £150.00

or

I am sending payment for the full cost of Day 1 & Day 2 (includes accreditation fees) of £333.62 + VAT(17.5%) = £392.00

or

I am sending a non refundable deposit of £38 and will ensure balance of payment for Day 1 is paid 14 days before date of course.

**METHOD OF PAYMENT :**

I am enclosing a cheque payable to **Family Matters Institute**

or

My Purchase Order Number is .....\*

or

Please charge my credit / debit card with the amount indicated above \*

**CREDIT CARD NO.** ..... **EXP. DATE** .....

**NAME ON CARD** ..... **START DATE** ..... **ISSUE No:** .....

**SECURITY CODE (last 3 digits on signature strip)** .....

**SIGNATURE OF CARD HOLDER :** .....

\*Address to which invoice to be sent / credit card billing address if different from above

*Full refund given for 1 month's written notice: 50% refund for 1 month to 14 days written notice. No refund given for under 14 days notice, but substitutions may be made at any time. It is the delegate's responsibility to ensure they receive joining instructions; if you have not received instructions 1 week prior to the event, please contact us. We reserve the right to change venue and / or trainers and reschedule the date of the course.*

**Signed:** ..... **Date:** .....