



WALK LEADER TRAINING BOOKING FORM

Course Date:	
Name:	
Job Title (if appropriate):	
Address: (work address if part of work role)	
Postcode:	
Tel:	
Mobile:	
Email:	
Group Name: (if appropriate)	
Employer / Department (if appropriate)	
Do you have any special requirements that will assist you to attend this course?	

Conditions:

- Participants who fail to attend training without cancelling in advance will not be offered an alternative date on this training (exceptional circumstances will be considered);
- I agree to undertake all anonymous evaluations associated with my participation in this training.
- Cancellations are subject to a minimum of 7 days' notice.

Please complete booking form & return via email to health.development@setrust.hscni.net or print, complete and post to Health Development Department, Level 5 Lisburn Health Centre, Linenhall Street, Lisburn BT28 1LU