

1886 Conflict Management Trainers Course Booking Form



Wilplan Training Ltd.

Security Industry Training Consultants



Student ID (Office Use Only)

Please complete in block capitals and return to Wilplan Training, Park Hall, Park Hal Rd, Charnock Richard, Chorley, Lancashire. Tel: 08450 095647 Int: (0)1257 733003 Web: wilplantraining.co.uk

Company Details

Company Name.....Address.....
 Postcode.....Contact Name.....Title e.g Mr / Mrs / Ms.....
 Tel No.....Fax.....Email.....

Delegate Details for Joining Instructions and Registration * Must be completed in full

First Name(s).....Surname(s).....
 D.O.B:...../...../..... Home Tel:.....Mobile:.....
 Work Tel:..... Email:.....
 Address.....Town.....
 County.....Postcode.....Country.....

Delegate Support *(Please contact us if you wish to discuss this further or have any questions prior to booking)

To assist us in supporting you during the course please tell if any of the following apply:

Dyslexia Hearing Impairment Visual Impairment Mobility Difficulty Other

Course Details

Start Date	Location

Accommodation Requirements* (Courses held at Park Hall, Chorley Only. Single Rooms Including Bed Breakfast & Evening Meal £52.00PPN. Twin Room (based on 2 Sharing £82.00 PN) For other Locations please contact us for Accommodation Rates

Arrival Date		Departure Date		No of Nights	
Single Room	Twin	Twin Room (Please give name of person sharing)			

Payment Method

Cheque or postal order enclosed for the full amount payable to Wilplan Training Ltd

Card Payment made via telephone

BACS Transfer to Wilplan Training Ltd – Co-operative Bank, Sort Code 089250 Account: 70198913

Please invoice us - Purchase Order No.....Amount.....

(Credit Account Holders Only)

I confirm that the information given is accurate and that I have read and understood the Terms and Conditions of Booking.

Signature _____ Date _____

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C& G 1886 Pre Course Assessment

First Name(s).....Surname(s).....
Mobile:.....Email:.....

As per City & Guilds criteria you must hold a recognised Teaching / Training qualification and provide evidence of this upon application. Please enclose copies of certificates. (Examples – C&G 7302, 7307, 7407. HM Forces Method of Instructional Techniques (MOIT). (CIEH professional Trainer certificate or equivalent).

Qualification Held (Please bring a copy with you)
<p>I have attached a copy of my certificate to this form or proof that I have completed and passed a recognised course.</p>

If you do not currently hold a teaching qualification please indicate if and when you intend to attend a course and which course you intend to complete.

Course Title	Start Date	Completion Date	Course Provider, Contact Tel No & email

Please give details of the sector you intend to deliver conflict management training in, i.e Security, Healthcare, Licensed Retail etc. Please also include any relevant experience in this field and or qualifications.

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Do you have experience in using computer based software packages to produce documents such as Microsoft Word, PowerPoint or other applications?

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Once your booking has been accepted and confirmed your pre-course workbook will be sent to you. If you do not receive this within 1 week of booking please contact us.