|  |  |  |  |
| --- | --- | --- | --- |
| Surname (Mr, Mrs, Miss, Ms) | | | |
| Forename(s) | | | |
| Date of Birth | | | |
| Address | | | |
| Telephone | | Email | |
| Company Name (if relevant) | |  | |
| Relevant Qualifications and Experience | | | |
| Which Social Media tools do you currently use? Email Website Facebook Twitter Google Business LinkedIn  How confident/proficient are you in using social media? (please circle) Low 1 2 3 4 5 High | | | |
| How did you find out about the course? | | | |
| Car registration number (if you will need a parking permit for the day) | | | |
|  | | | |
| **Course Date** | **Course** | | **Total Course Fee** |
|  | Marketing for Complementary Therapists | | £90 |

I enclose payment of **£**

Payment by bank transfer to the account details below or by cheque, made payable to Mrs R Pickerill. I understand that the course fee will only be refunded with 14 days notice prior to the start of the course.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

|  |  |
| --- | --- |
| **Please return booking form via email or post:**  rosie@clararosetherapies.co.uk  Clara Rose Therapies  31 Wolage Drive  Grove, Wantage  Oxfordshire  OX12 9FB | **Payment by Cheque or Bank transfers please**  Bank Name: TSB  Account name: Mrs R Pickerill  Account Number: 19739368  Sort Code: 30-99-11  Reference: Your surname and date of course  Cheques made payable to: R Pickerill |