|  |
| --- |
| 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.ukClara Rose Therapies31 Wolage DriveGrove, WantageOxfordshireOX12 9FB | **Payment by Cheque or Bank transfers please**Bank Name: TSBAccount name: Mrs R PickerillAccount Number: 19739368Sort Code: 30-99-11Reference: Your surname and date of courseCheques made payable to: R Pickerill |