# SCAT-PP NOMINATION FORM

## (Please write clearly)

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| --- | --- |
| **Name of Organisation:**  | **Invoice Name:** (New clients or known changes to details held) |
| Address:  | Address:  |
|  |  |
|  |  |
| Email Address:  | Email Address:  |
| Phone:  | Phone:  |
| Contact Name:  | Contact Name:  |

**Please initial the red box below. Form will be returned to you if box not initialled and no bookings will be made until completed form returned.**

|  |
| --- |
| Course Title: Course Date: Course Time:  |
| NAMES:  | JOB TITLE: |
| 1  |  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |

|  |
| --- |
| SPECIAL REQUIREMENTS (SENSORY/DISABILITY ETC).SUBMISSION OF THIS FORM DOES NOT AUTOMATICALLY GUARANTEE A PLACE ON |
| **Cancellation:** Your organisation will be liable for a cancellation fee for non-attendance on the day or cancellation without 3 working days notice, (Mon to Friday). **Cancellation fees:** Full course fees will be charged for all non-attendance or cancellation within 3 working days of the course start date. A £40 cancellation fee applies for all courses with no charge attached Your information will only be used for booking purposes and in accordance with GDPR.Please initial here [ ] to confirm you have read and understood our cancellation policy. AS ALL COURSES ARE SUBJECT TO I PROCESS |



Completed forms to be sent to:

E-mail: ASCLearning@portsmouthcc.gov.uk