# SCAT-PP NOMINATION FORM

## (Please write clearly)

|  |  |
| --- | --- |
| **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