**IOSH 1 Day Working Safely for Theatre and Production**

**Booking Form**

To book your course please complete this form and provide details for invoicing for the course costs of £140.00 (+VAT). Or you can send a cheque for £168.00 (INCL VAT) with this booking form. (Cheques made payable to RB Health and Safety Solutions Ltd). On receipt of your completed booking form, we will send you a confirmation letter.

**Candidate Details**

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| **Name:**       |
| **Business Name:**        |
| **Job Title:**       |
| **Work Address:**       |
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|       | **Postcode:**  |
| **Work Numbers:**       |
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| **Email Address:**        |
| **Home Address** *(if certificate is to be sent to an alternative address)***:**       |
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|       | **Postcode:**        |
| **Contact Number:**       |

**Course Details**

*(Please enter your preferred dates, or call for more options)*

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| **Type of Course:** IOSH Working Safely for Theatre and ProductionIOSH Managing Safely for Theatre Characters**Dates:**       |
| **Location:**       |
| **Special Requirements:**  |

**Payment Type / Terms and Conditions**

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| **Terms and Conditions.**Course payments must be paid in full, no less than ten working days prior to the commencement of the course or thirty days after invoice date. *Late payment is subject to a charge of 20% of the total amount of the invoice.* Please note our cancellation policy below. If you return this form via email you are agreeing to our terms and conditions.**I confirm that I have read and agree to the terms and conditions and request the training listed above:**Authorised Signature……………………… Name:      Position:       Date:

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| RB Health and Safety Cancellation Policy |
| Notice | Fee Payable |
| More than 1 Month (30 working Days) | £0.00 (No charge) |
| 15 – 30 days notice | 25% of course fee |
| 14 – 7 days notice | 50% of course fee |
| Less than 7 days notice | Full fee payable |

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| Cheque : **[ ]** Payment in full: **[ ]** Payment to follow *(form emailed)***:** **[ ]** PayPal: [ ]  **(***Please tick*.)  |
| **I confirm that I will attend the training listed above:** |
| **Signature:** …………………………………………… | **Name:**       |