**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:** | |
|  | |
| **Email Address:** | |
| **Home Address** *(if certificate is to be sent to an alternative address)***:** | |
|  | |
|  | |
|  | |
|  | **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:   |  |  | | --- | --- | | 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 | | |
| Cheque :  Payment in full:  Payment to follow *(form emailed)***:**  PayPal:  **(***Please tick*.) | |
| **I confirm that I will attend the training listed above:** | |
| **Signature:**  …………………………………………… | **Name:** |