Ascent Training - Booking Form



Title of Course / Seminar		TRAINING CENTRE	
Date to be held		Ascent Training Centre	
•	eserveplace(s) for the above course/seminar		
Company Name		Stevenage Swimming Centre, St.Georges Way, Stevenage, SG1 1XY	
Address		T. 01438 579398	
Pos	stcode	E. ascent.training@sll.co.uk Our Brochure and Training Matrix	
Contact Name		are available for download at:	
		www.ascent-trainingcentre.co.uk	
Delegate Details N	Medical Info / Special Needs / Requirements	Date of birth	
Name 1			
Name 2			
Name 3			
Name 4			
Name 5			
Name 6			
I confirm I have obtained the consent of the people above to p can adhere to health and safety requirements, they can access the			
Payment Details We will call you to take payment by card. Or, please provide the purchase order number:	Terms & Conditions If you cancel within 14 days of the start If less than 7 days notice then full fee w venues may be subject to change.		
Please specify how you heard about this course/seminar: □ Email □ Recommendation □ Websi □ Facebook □ Other	We would like to send you information post, telephone, email and text. If you a please tick the relevant boxes: ☐ Ema	gree to being contacted in this way,	
Do you have a ULN (Unique Learning Number)? Yes No If Yes what is it?	with GDPR. For more information, please Policy at reception, find it in the footer	All personal data provided will be held in accordance with GDPR. For more information, please view SLL's Privacy Policy at reception, find it in the footer of our website at www.sll.co.uk or request for an email copy at dpo@sll.co.uk	
If No, do you want one? ☐ Yes ☐ No			
Can we contact you in the future for other cours Yes No Can we contact you for our progress reports? Yes No No information will be passed onto any 3rd Parties	es?		
Signed			
Date			