



The Consortium of Bengali Associations

Working towards strengthening Bengali voluntary organisations

CAPACITY BUILDING TRAINING PROGRAMME BOOKING FORM

PLEASE PHOTOCOPY AND COMPLETE ONE FORM FOR EACH COURSE

Please use black ink and write in CAPITAL letter

Name of Organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
email	<input type="text"/>	Website	<input type="text"/>
Name of Participant	<input type="text"/>		
Position	<input type="text"/>	Mobile	<input type="text"/>
Additional Participant's Name	<input type="text"/>		
Any Disabilities ?	<input type="radio"/> YES	<input type="radio"/> No	Ethnic origin (If not Bengali) <input type="text"/>
Name of the course	<input type="text"/>		
Course number	<input type="text"/>	Date of the session	<input type="text"/>
Other information	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

If you have not received a written confirmation within 10 working days of submitting your form , please contact us immediately.

PLEASE RETURN THE COMPLETED BOOKING FORM TO:

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Capacity Building Training Officer
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