

# Lancashire Council for Voluntary Youth Services

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Proficiency  
Training  
Project



This form is an application only and does not guarantee a place on any course. It should be completed and returned to the above address at least 21 days prior to the course commencing. Successful applicants will receive at least 7 days prior notice with all relevant course information, cancellation without full course costs being available up to 7 days prior to the course. To reduce administrative overheads, unsuccessful applicants will not be contacted but are advised to re-apply on a future occasion, however, details will be retained for future courses where the subject matter is the same.

By applying, I understand that if I am offered a confirmed place and subsequently and avoidably either fail to attend, or complete the full course, full course provision costs for my place will be incurred by my organisation, which will then be entitled to reclaim them from me.

This standard course application form should be used to apply for all courses. One form must be completed per applicant per course to apply for a place on each training course.

Please note that the information supplied by you may be stored on LCVYS's computer records for data processing purposes. All information will be regarded as confidential but may be revealed to third parties through your connection with LCVYS.

All e-mail addresses will be added to our Monthly newsletter mailing list unless we are requested not to do so by ticking this box



Please complete all boxes and return

Title - Mr / Mrs / Ms / Dr / Rev / Miss (*please circle*)  
Name:

Course Title:

Organisation you are volunteer for:

Address:

Course Date(s):

Your position in the organisation:

Location:

Expiry date of existing qualification:

Group Name, Unit, Club:

Daytime Tel No:

How do you envisage your organisation and/or its members benefiting from your attending this course?

Which Local Authority Area(s) do you personally carry out your work in? (Tick all that apply):

Blackburn w Darwen

Lancashire

Blackpool

Evening Tel No:

Fax No:

Where did you hear about the course?

Date of application:

E-mail:

Special Needs Access/Dietary/Medical:

Signature:

Date of Birth:

Office use only

Course Cancelled  Place requested

Faxed  Course Full  Withdrawn

White <input type="checkbox"/>	Any Other Asian Group <input type="checkbox"/>	Chinese <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Black African <input type="checkbox"/>	Any Other Ethnic Group (please give details)
Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	<input type="text"/>
Pakistani <input type="checkbox"/>	Any Other Black Group <input type="checkbox"/>	