

DeafVision

Booking Form British Sign language (BSL) Level 1

<u>Personal Details</u>		<u>All information will remain confidential</u>	
Name.....	Home Tel No:.....	Address.....	Work Tel No:.....
.....	Fax:.....	Mobile:.....
Postcode.....	E Mail:.....	Date of birth.....	

<u>Book a Place</u>					
If you would like to book a place on a course please tick the appropriate box.					
<u>Venue</u>	<u>Day</u>	<u>Start date</u>	<u>End date</u>	<u>Time</u>	<u>Book a place</u>
Carlisle	Monday	09 Jan 12	23 Jul 12	6.30 -9.00pm	
Kendal	Tuesday	10 Jan 12	24 Jul 12	6.30 -9.00pm	
Carlisle	Wednesday	11 Jan 12	25 Jul 12	6.30 -9.00pm	
Whitehaven	Thursday	12 Jan 12	26 Jul 12	6.30 -9.00pm	

<p><u>Fees</u> Please include one of the following when booking your place: (cheques payable to DeafVision) the deposit will be deducted from the fee and 5 monthly payments will be collected if paying by standing order</p> <p>£252.50 <input type="checkbox"/> full class payment</p> <p>£52.50 <input type="checkbox"/> full class fee deposit and standing order mandate form</p> <p>£180.70 <input type="checkbox"/> concessionary fee payment (with proof of benefit claim)</p> <p>£30.70 <input type="checkbox"/> concessionary class fee deposit, standing order mandate form, proof of benefit</p> <p><input type="checkbox"/> Sponsored - see payment form for invoice details</p>	
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<u>Other information</u>	
Reason for joining the course:-	
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Work related <input type="checkbox"/> Personal interest <input type="checkbox"/> Other	
Do you have any disabilities we should be aware of <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please describe.....	
Are you: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Deafblind <input type="checkbox"/> Hearing	

Please return to: - **Jamie Asher, Deafvision, 5 Castle St, Kendal, LA9 7AD**

Office use only: Date received..... Cash/cheque: £.....