

# APPLICATION FORM

## SECTION A

### Business Details

Company name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

No. staff employed: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email address: \_\_\_\_\_

Can TSE contact you via e-mail? Yes  No

## SECTION B

### Participant and Course Details

Please reserve the below places on the following course/s:

<i>Applicant One</i>	<i>Applicant Two</i>
Name: _____	Name: _____
Job Title: _____	Job Title: _____
1. Course title: _____	1. Course title: _____
Course Date & Area: _____	Course Date & Area: _____
2. Course title: _____	2. Course title: _____
Course Date & Area: _____	Course Date & Area: _____

### SPECIAL NEEDS

If you have any special needs please either note these down or contact us as soon as possible to discuss your requirements.

Please include any special dietary requests: \_\_\_\_\_

## SECTION C

### Payment details (please complete as applicable)

- I enclose a cheque made payable to 'Tourism South East' for £ \_\_\_\_\_
- Please invoice, using purchase order number: \_\_\_\_\_  
(with address if different from establishment): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellations** must be notified in writing at least **two weeks** before the publicised date of the course.  
Please note that cancellation after this time or non-attendance on the day will result in the **full fee** being payable.

**Data Protection Act 1998** – This information will only be shared with other organisations, such as the Department for Education and Skills and the Department for Work & Pensions if this is necessary for audit or monitoring purposes.

◆ **Tourism South East is committed to equality of opportunity** ◆

For bookings and enquiries please contact Gill Heighington  
Tel: 02380 625436 Fax: 02380 620010

Please return this form to: Training Services, Tourism South East, 40 Chamberlayne Road, Eastleigh, Hampshire SO50 5JH.