

Sunfield Professional Development Centre

a department of Sunfield School

Clent Grove, Clent, Nr. Stourbridge, West Mids. DY9 9PB

Tel: 01562 883183; Fax: 01562 881316; email: pdc@sunfield.worcs.sch.uk

5 DAY TEACCH APPLICATION FORM

to secure your place, please complete all sections & return to Sunfield PDC (address above)

| | | | | |
|---|-------------------------------|--|----------------|-------------------|
| COURSE TITLE: 5 DAY TEACCH COURSE | | | | |
| Course No: PDC/ | No of places required: | | Cost: £ | Date: |
| Full Name(s): (inc. Mr. Mrs. etc) | | | | |
| Postal Address: | | | | |
| | | | | Post Code: |
| Invoicing Address: | | | | |
| | | | | Post Code: |

| | | |
|---|---|----------------|
| Tel No: | Fax No: | e mail: |
| Occupation: | What age/category of pupil/adult do you work with: | |
| Special Requirements: (i.e. dietary, access etc.) | Highest Qualification Gained: | |
| Signature: | Date: | |

Please make cheques payable to Sunfield Children's Homes Ltd

***CANCELLATION** of a 5 day course must be received in writing at least 6 weeks prior to the course date, otherwise the following costs will be incurred
(50% of the course fee will be payable for cancellations received between 6 & 4 weeks prior to course date,
with 100% of the fee being payable for cancellations received later or for non attendance. We are happy to accept substitute delegates.
In the event of unforeseen circumstances we reserve the right to cancel or alter parts of the programme.*

| | | | | | | | | | |
|--|--|--|---------------------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| TO PAY BY CREDIT CARD (N.B. an additional charge of £1.50 is made per transaction) | | | | | | | | | |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa/Connect/Delta | <input type="checkbox"/> Maestro/Switch | - Start date: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CREDIT/DEBIT CARD NO: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| EXPIRY DATE: | <input type="text"/> | <input type="text"/> | ISSUE NUMBER (if shown): | <input type="text"/> | 3 DIGIT SECURITY NO (last 3 numbers from back of card) | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| If the card holder's details differ from the information listed on the application form (above) please list the following details overleaf: Title, Initials, Surname, Address, Telephone Number & email | | | | | | | | | |

| |
|---------------------------------|
| Signature of Cardholder: |
|---------------------------------|

| | |
|----------------------------|----------------------|
| For office use only | |
| Invoice No: | <input type="text"/> |
| A/c ref: | <input type="text"/> |
| Payment method: | <input type="text"/> |
| Date: | <input type="text"/> |