**Disability Sport NI Course Registration**

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| Name |  |
| Organisation |  |
| Role |  |
| Email (Zoom link sent to) |  |
| Contact number |  |

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| **Date** | **Time** | **Course** | **Via** | **Registration Closes** | **Attend**  **(Yes / No)** |
| Tues 10th August | 11am-1pm | **UK Disability Inclusion Training** | Zoom | Monday 9th August  at 12pm   (16 participants) |  |
| Thurs 12th August | 11am-1pm | **Sight Loss in Sport** | Zoom | Wednesday 11th August at 12pm   (16 participants) |  |
| Thurs 26th August | 11am-1pm | **Autism and Sport Coaching** | Zoom | Wednesday 25th August at 12pm   (16 participants) |  |

Please email this form to Vivien ([Vivien.lovell@belfasttrust.hscni.net](mailto:Vivien.lovell@belfasttrust.hscni.net)) to apply for a place on your chosen training. Vivien will send you a confirmation email and instructions.

If you would also like to be added to the BHSCT Health Improvement Team emailing list to receive further training dates, information and funding opportunities please put an X in this box to show agree to this:

