**On Your Feet Training Course Registration**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Role  |  |
| Email |  |
| Contact number  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Course** | **Where** | **Can attend both dates? Yes/No** |
| 12 Oct 26 Oct\*MUST ATTEND ALL 2 DAYS | 9.30am – 4.30pm | On Your Feet  | Ballynafeigh Community Centre |  |

**I will commit to deliver at least 3 On Your Feet Training Programmes within 12 month period of receiving the training.**

Yes  / No 

Which geographical area do you intend to deliver the programmes?

Please email this form to Ashley Boyd at Lifedock, info@lifedock.com to apply for a place on the course.

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 you agree to this:



