

Awareness Training Booking Form Hawick

Delegate Name
Job Title
Organisation Name
Address
Contact Number
Email

I would like to attend (please tick one or both)

Deaf Awareness Training 9.30am-12.30pm

Deafblind Awareness Training 1.30pm-4.30pm

Whether you are attending just one or both sessions you are invited to join us for lunch.
Will you be having lunch?

Yes No

Do you have any special access requirements (e.g. wheelchair access, loop system etc)?

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Do you have any special dietary requirements (e.g. vegetarian, celiac etc)?

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Please return form to Barbra Wylie, Project Coordinator, Counselling Awareness Project, Scottish Council on Deafness, Central Chambers, Suite 62, 93 Hope Street, Glasgow G2 6LD.
Barbra@scod.org.uk

