



Training Application Form



Please return the completed form to:
Children in Northern Ireland, Unit 9, 40 Montgomery Road, Belfast, BT6 9HL

WORKSHOP:

Workshop Title:

Workshop Date:.....

ORGANISATION DETAILS:

Organisation Name:

Organisation Address.....

.....

..... Postcode.....

PERSONAL DETAILS:

Name: (MR/MRS/MISS/MS) *

Job Title:.....

Supervisor:.....

Address:

.....

..... Postcode.....

Telephone Number *, Fax Number

Email Address *, Web Address.....

Special Requirements:

.....

* Required

NB Please ensure you provide us with email addresses as CiNI frequently responds with participants via email