



## National Training Nomination Form

Please note that ALL fields must be completed

Full Name \_\_\_\_\_

Email address \_\_\_\_\_

Job title \_\_\_\_\_

Resource/Company \_\_\_\_\_

Service \_\_\_\_\_

Telephone Number \_\_\_\_\_

Work address  
(including postcode) \_\_\_\_\_

Date of Training requested \_\_\_\_\_

- Cancellations must be made in writing at least 2 weeks before the start of the training to qualify for a refund
- Unless specified, the name and email address given above will be used for the attendee list
- Please supply a valid email address as **ALL** correspondence relating to the training will be via email.

Please return completed for to: Give us a break! Team  
Psychological Services  
23 Beckford Street  
HAMILTON  
ML3 0BT

or via email to: [enquiries@slcpsych.org.uk](mailto:enquiries@slcpsych.org.uk)