

*Later Life Training*  
**‘SOMEONE LIKE ME’**

## HOST COURSE BOOKING FORM

Host Organisation Name \_\_\_\_\_

Host Organisation Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Host Administrator Name \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### COURSE INFORMATION

<b>Key</b>	
<b>Host Applicants</b>	Fees to be paid by the Host Organisation.
<b>Maximum Booking</b>	20 Host Participants

**Payment: £1,200 + VAT**

**Please tick below as appropriate.**

I enclose payment payable to **Later Life Training Ltd.**

☐

I provide information as follows for Later Life Training Ltd to invoice.

☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel Number: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

My organisation *is / is not* part of a Shared Business Services Payment Scheme (delete as appropriate).

**Please note: LLT is to receive payment at least 4 weeks before the chosen course date for this booking to be confirmed.** (Please take account of the time it takes for the invoice to be paid by your funders).

### Course Date Preferences

**(Please provide preferred course dates to suit your venue and candidates)**

1. Course Date: \_\_\_\_\_

2. Course Date: \_\_\_\_\_

3. Course Date: \_\_\_\_\_

### Eligibility & Terms and Conditions

The candidates on this course have qualified either as CBE/OEP Leaders, or Fitness/Exercise Instructors. It is also appropriate for Senior Peer Activity Motivators and other health or social care professionals wishing to know more about motivating older adults to engage in physical activity.

**I enclose the following documentation:**

Payment Cheque

☐

Completed Venue & Course  
Contact Details

☐

Completed Venue  
Equipment/Facility Checklist

☐

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_