



# Booking Form

(Please print and post to PIV)

## Certificate Programme – by Correspondence

### Personal Details:

Name (Mr/Mrs/Miss/\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address (if used regularly) \_\_\_\_\_

Phone No (daytime/evening) \_\_\_\_\_ / \_\_\_\_\_

Mobile No \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Name of Course/Programme:

Certificate in \_\_\_\_\_ Level \_\_\_\_\_

By Correspondence Learning (using mail, email and telephone)

**Name and address of invoice, if different from above** (in the case of paying organisations or funding bodies, we would appreciate separate written confirmation of the order):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Choose one of the following options:

- I enclose payment for the fast-track option – send me course pack plus invoice
- I will await your invoice first, before I will pay the course fees

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**P.T.O.** (for additional information required)

### For office use only:

Payment received? \_\_\_\_\_

Tutor Name \_\_\_\_\_ Date \_\_\_\_\_

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**Booking Form  
Certificate Programme(s) by Correspondence**

Have you undertaken a course in this subject before?    Yes                       No  

If yes to the above, please give name of course and a brief description of its content:

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Please give a short description of your current level of knowledge in the drugs field:

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What do you hope to achieve from studying this course?

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Current job function:

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*Space for any additional relevant information*

