



Anna-Michele Hantler  
Emotional Education Through The Arts

For office use only:

Bking frm Received	Invoice sent	Payment received	Receipt sent

## Massage in Schools Programme Course Booking Form

Please fill in these details:

**Date of Training:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**Location and Venue:** \_\_\_\_\_

**Contact Trainer:** Anna-Michele Hantler, T: 0191 580 1111 or M: 0778 6807999, [info@anna.michele.com](mailto:info@anna.michele.com)

### Personal Details (Please Write Clearly)

Name in full: Mr/Ms/Mrs: \_\_\_\_\_

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

Town: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please  
Attach  
Photo  
Optional.  
(digital Ok)

Occupation: \_\_\_\_\_

Company/School: \_\_\_\_\_

Work/School Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### How did you hear of Massage in Schools Programme?

Adverts/Leaflets

Word of Mouth/Recommendation

Which Publication? \_\_\_\_\_

Where? \_\_\_\_\_

How do they know us? \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**1) Who is your target group?**

- Children in schools                       Children in other educational settings  
 Parent/child groups                       Other (please specify): \_\_\_\_\_

**2) What do you hope to gain from the course?**

**3) Do you have any special dietary requirements for refreshments?**

**4) Do you have any access requirements?**

**5) Do you have any special learning requirements (hearing impairment)?**

**Payment and Cancellation Policy**

I understand that the fee **I have paid is non-returnable**. Delegates might be substituted at any time. However, if payment has been made in full, transfer to another course date may be possible if it is made four weeks before commencement of the course. A transfer fee of £50.00 will be charged. Should the Co-ordinator have to cancel the course, the student will receive a full refund for the amount of fees paid. We reserve the right to change the content or facilitator if required.

Please send form and make cheque payable to:

Anna-Michele Hantler, 72 Wakenshaw Road, Durham, Co. Durham, DH1 1EP  
Email: [info@anna-michele.com](mailto:info@anna-michele.com)                      [www.anna-michele.com](http://www.anna-michele.com)

If you would rather have your organisation invoiced, please fill in below.  
A receipt will be issued with your confirmation letter following cleared payment if requested.

- I have read and agree to abide by the payment and cancellation policy.  
 I have attached a passport size photo (optional.- digital OK)  
 I enclose payment made out to 'Anna-Michele Hantler'  
 I attach a cheque for full payment  
 I have paid to BACCS with reference (*Please put course dates as reference*):  
 I need invoicing to my organisation: (*Please clearly indicate the name and address of the company or individual who we are to invoice*)

Order Number: \_\_\_\_\_ Company: \_\_\_\_\_

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

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

Town: \_\_\_\_\_ County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I declare that I am fit, healthy, over 18 years of age and know of no reason why I should not attend this training. I declare that all the above information is correct to the best of my knowledge. I understand that I will need to have passed an enhanced Criminal Record Check, before working directly with children.**

**All parts of this form are confidential and must be completed.** The organiser reserves the right to not accept an application.

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

(can be signed at course if returning electronically but tick box must be marked)