

**Wessex Disagreement Resolution Service**  
**Application for training**  
**(individual or multiple application)**

First Name

Surname

Organisation

Name & Address as authority for payment of invoice

Role in the organisation

Telephone

Email address to which confirmation of a place can be sent

Name & Date of the workshop you would like to attend

If applying for a number of delegate places, please enter the other delegate names

Names	Role in the organisation

I understand that Wessex does not charge for the delivery of the training but there will be a charge for venue hire if applicable. The venue cost will be invoiced on a per person basis with the cost of the venue being divided by the number of confirmed delegates.

Signature

Date

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