### Restorative Skills Training Course Booking Form

**Your Name** ……………………………………………………………………………………………………….

**Address ……………………………………………………………………………………………………….**

**……………………………………………………………..….Postcode ……………………………………**

**Tel (home) …………………………………Tel (work) …………………………………………..……**

**Mobile ……………………………………Email…………………………………………..………………**

**Occupation………………………………………………………………………………………………..…**

**Any special requirements, dietary or otherwise –**

**Other Needs e.g. Dyslexia/mobility -**

## I wish to book for the Restorative Skills Training on …………………………………..

 **At …………………………………..**

**How did you hear about this training? (website/ Collaborate/ other – please specify):**

**Restorative Skills experience: Yes/No**

**Number of cases where restorative meetings were held:**

**None 1-10 10-20 20-30 30+**

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| --- |
| **Payment: by cheque made payable to SACRO is enclosed for full payment of £600 to secure a place. [contact** **infoscmc@sacro.org.uk** **for other methods]****Completed booking forms should be returned to Robert Lambden, Systems Co-ordinator, SCMC 29 Albany Street Edinburgh EH1 3QN****Applications to cancel a booking should be made in writing to SACRO.****The following cancellation charges will apply:****Notice Period Cancellation****Less than one week £500****1-4 weeks £100** |