

AFRICA HEALTH ORGANISATION

Sexual Health Training Booking Form 2010 version

Please photocopy this form as needed. Please write in **BLOCK CAPITALS**.

| | | | |
|---------------------|--|--------|--|
| Course Code | | | |
| Course Title | | | |
| Course Date | | | |
| Name of participant | | | |
| Address | | | |
| Postcode | | | |
| Telephone | | Mobile | |
| Email | | | |

| |
|--|
| What do you expect to achieve from attending this course? |
| |

MONITORING OF EQUAL OPPORTUNITIES – We are working towards ensuring that our courses are open to all members of the community and different types of organisations, and this information helps us to monitor our progress and target resources appropriately. The information will be analysed on a yearly basis as part of our on-going evaluation.

| | | | |
|-----------|--|--------------------|--|
| Gender | | Disability | |
| Ethnicity | | Sexual Orientation | |
| Age | | Working status | |

How did you find out about this AHO training course? Please put an X

| | | | | | | | |
|------------------|--|----------------|--|---------------------|--|------------------|--|
| Brochure | | AHO Website | | Flyer | | AHO E-Newsletter | |
| Word of mouth | | Other website* | | Other e-newsletter* | | Other* | |
| * Please specify | | | | | | | |

Cancellation and No-Show Policy

All our courses are currently free of charge. If you book and fail to turn up without giving notice, we will charge you the full cost of the course.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Tick if you would like AHO to send you occasional updates and information about our work. |
|--------------------------|---|

Post to: Training, AHO, 6-7 Rigby's Court, 50-52 St Giles Street, Norwich, NR2 1NT, OR email to: training@aho.org.uk