****

**Booking Form**

**Contact Details**

|  |  |
| --- | --- |
| **Group Name** |  |
| **Type of organisation** |  |
| **Main address** **(including post code)** |  |
| **Workshop venue address** **(if different from above)** |  |

|  |  |
| --- | --- |
| **Key contact name** |  |
| **Job title/role** |  |
| **Telephone number** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Second key contact** |  |
| **Job title/role** |  |
| **Second contact number** |  |
| **Second contact email** |  |
| **Does your organisation have services in other Health Trust Areas?****(provide key contact details)** |  |

 **[Please turn over]**

**About Your Group**

|  |  |
| --- | --- |
| **Age range of participants** |  |
| **Expected number of participants** |  |
| **Workshops requested** |  |
| **Requested date of workshop**  |  |
| **Preferred time** |  |
| **Does your venue have:*** **Projector**
* **Projector screen**
* **Speakers**
 |  |
| **Additional information****(any mental health issues or concerns to note)** |  |
| **Does your group use social media? (provide handle)*** **Facebook**
* **Twitter**
 |  |

**Please give at least 48 hours notice if you wish to cancel workshop**

**Complete and return to**

**pflanagan@amh.org.uk**

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