

Epilepsy Training Booking Form

Thank you for contacting Young Epilepsy. Please complete the booking form below and return it to: training@youngepilepsy.org.uk

Our administrator will then contact you to discuss your requirements and identify suitable dates. We look forward to working with you and your organisation.

Name:		Job Title:	
Organisation:		Local Authority:	
Address:			
Postcode:		Telephone:	
Email:			
Website:			
Type of training/content required			
Epilepsy numbers	No. of Delegates		No. of pupils on roll (if relevant)
Potential Dates/Times	1st choice	2nd choice	3rd choice