

# THE CENTRE FOR MENTAL HEALTH RECOVERY COURSE APPLICATION FORM

(Please photocopy and return to address below)

**PLEASE PRINT CLEARLY**

<b>Course Title and Date</b>	
<b>Venue</b>	
<b>Name</b>	
<b>Organisation &amp; Team</b>	
<b>Job Title</b>	
<b>Full Postal Address</b> (for course confirmation)	
<b>Post Code</b>	
<b>Telephone No.</b>	
<b>Mobile no.</b>	
<b>E-mail</b>	
Please tick box if relevant Disability requirements – specify ..... <input type="checkbox"/> Special dietary requirements – specify ..... <input type="checkbox"/> If you have transport problems please contact us	
Manager's comments in support of nomination.   I support the above application and agree to release the applicant to attend the training activity. <b>I agree to pay a fee of £25 for <u>cancellation/non attendance</u>, if 5 working days notice is not given.</b>  <b>Manager's /Support Representative's signature:</b> _____ Date: _____  <b>Manager's Name (Please print)</b>	
Nominees signature: _____ Date: _____	

Please return to:

**Administrator, The Centre for Mental Health Recovery  
Room G166 CP Snow, University of Hertfordshire, College Lane, Hatfield Herts, AL10 9AB**

Tel: 01707 284951, Fax: 01707 285399 **(Please note new fax number)**

Please do not assume you have a place until you receive confirmation, which will be sent to you no later than four weeks before the course commences.