



# Conflict Mediation and Communication Skills Booking Form

## YOUR DETAILS

**Your Full Name:**

**Your Title:**

**Organisation, business,  
charity or school name:**

**Charity number:**  
*(If applicable)*

**Your position:**

**Address:**

**Daytime contact number:**

**Mobile/Second number:**

**E-mail address:**

## COURSE DETAILS

Courses are held in Manchester, UK. Please enter dates and name of the course you want to attend

\* Participants on the Advanced Mediation Skills course must have already completed Part 1- Developing Mediation Skills.

\*\* Early bird discount of 10% is applicable if booking and full payment is received by the date specified.

**Date of Course:**

Month

Year

**Name of course:**

## PAYMENT DETAILS

Please tick **one** of the three options, according to the type of organisation you work for:

### 1. Business/Private Sector Organisation

I am from a private sector organisation.

**COST: £600**

### 2. Public Sector Organisation

I am from a public sector organisation and I have enclosed a letter on official headed paper to declare this.

**COST: £500**

### 3. Charity or Voluntary Sector Organisation

I am from a charity and I enclose the charity name and registration number.

I am from a voluntary organisation that is not a registered charity and I enclose a paragraph about our work and our website address (where possible).

**COST: £400**

I am applying for an early bird discount of 10% \*\*

I enclose the full payment amount

OR

Please send me an invoice  
Specify name and address here:  
*(If different from above)*

Your ref:   
*(For invoices where applicable)*

Full Payment Amount: £

I understand that my place on the course is not secured until I have paid in full. *(Please tick)*

## BOOKINGS AND CANCELLATION POLICY

Cancellations can be accepted up to six working weeks before the start of the course, but an administration fee of £80 is charged. Cancellations made after this time will be charged in full. We reserve the right to cancel the course if there is insufficient demand, in which case a full refund would be given.

I have read and agree to the booking and cancellation policy

How did you hear about us?

Signature:

Date:

Once you have completed this form, please post it to:

Julie Wolstenholme,  
Resolutions First  
Richmond Park Centre  
Cochrane Avenue  
Manchester  
M12 4FA