Application Form for Training

Please complete and return the form below to for all efiL Limited training sessions	
Full Name of Attendee(s):	
Home Address: **E Mail:** **Home Telephone:** **Work Telephone:** **Mobile:**	**Company Name:** **Company Address:** **E Mail:** **Telephone:** **Fax:**
Where do you want correspondences sent?	

Please indicate the Training Session(s) and Date(s) for which you wish to register: Additional courses can be detailed on the continuation sheet.

Course Title			
Start Date		**Duration**	
Course Location		**No. Attending**	
Special Requirements			

Please e-mail your registration form to admin@efiL-Coaching.com to book your attendance. Confirmation of receipt of your registration and invoice for payment will be sent by return post or email to the address indicated above.

Where did you hear about us? (*please tick appropriate box*)		
LinkedIn ☐	**Facebook** ☐	**Search Engine(s)** ☐
Attended Previously ☐	**Word of mouth** ☐	**Other (*Please specify*):** _____

Billing / Financial Information:					
Self-Funded ☐			**Company Funded** ☐		
Purchase Order (PO) ☐	**BACs** ☐	**Cheque** ☐	**PayPal** ☐	**Other** ☐	
Electronic / Cheque Payment Information:					
Amount Paid		**Date Paid**			
Reference		**Cheque No.**			
Purchase Order (PO) Payment Information:					
PO No.		**PO Amount**			
Contact Person		**Telephone**			
Contact Email		**Fax**			
Other Payment Information:					
Payment Type		**Reference**			
Amount Paid		**Date Paid**			

efiL Limited	**Terms & Conditions**
BANK: HSBC Account No.: 91799789 Sort Code: 40-05-19 Swift/BIC Code: MIDLGB22 IBAN No. GB21MIDL40051991799789 Email finance@efiL-Coaching.com	Please note that the full amount is due thirty days before the course start date. You maybe invoiced based on registration. After the registration form is submitted and notified to be confirmed, there will is be no cancellation. However, you can change participants or subject to management approval change the attendance date or course

Name:

Signature:

Position in Company: Date:

Continuation Sheet for Training Session(s) and Date(s) for which you wish to register:			
Course Title			
Start Date		**Duration**	
Course Location		**No. Attending**	
Special Requirements			
Course Title			
Start Date		**Duration**	
Course Location		**No. Attending**	
Special Requirements			
Course Title			
Start Date		**Duration**	
Course Location		**No. Attending**	
Special Requirements			
Course Title			
Start Date		**Duration**	
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Special Requirements			

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