Training Application Form: Please fill in and either send by fax or post or fill out on line www.autismuk.com

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Course # 1	Teacch® Training June 24-26 2024. £455 3-DAY # of delegates									
Course # 2	SCERTS Training June 27-28 2024. £30				00 2-DAY	# of delegates		of delegates		
Course # 3	TEACCH® Training January TBA 2025. £TBA 3-						#	of delegates		
Course # 4	SCERTS Training January TBA 2025. £TBA 3-DAY						#	of delegates		
Course # 5	SCERTS Training June TBA 2025. £TBA 2-DAY						#	of delegates		
Course # 6	Teacch® Training June TBA 2025. £TBA 3-DAY						#	of delegates		
Payment Information					Invoice/booking Contact if different from payment information					
Purchase Or				Date of Application						
Payment Method		invoice Cheque			Note: booking and/or payment can be accepted via PayPal on line. You do not need to be a member of PayPal to pay this way.					
Contact Person					Contact Person					
Organisation					Organisation					
Street					Street					
City			City							
County		Country			County	Country				
Post Code/Zip					Post Code/Zip					
Payment E-mail *				Delegate/INFO. E-mail*						
Phone #					Phone #					
Delegates Title		Abbreviate IE: T		=Teacher, Max: 4 Letters						
Age Range		of Persons look			red after IE: 5-7. or 7-16. or 16-40.					
Degree of ASD		Abbreviate IE: S=			Severe. <b>M</b> =Moderate. <b>HF</b> = High Functioning. <b>A</b> =All					
Delegates Names as to appear on certificate Please Print										
Course #	Status			First			Last			
#										
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Fax:		For your Account's Dept.				Post to: Autism Independent UK. (SFTAH)				
523274 SWIF		Nat West. Bank Acc.# 0676 5904 Sort Code# 54-41-05.  NIFT: NWBKGB2L IBAN GB83 NWBK 5441 0506 7659 04.  BIC: NWBKGB2L. All payments GBP only					199-203 Blandford Ave. Kettering. Northants. NN16 9AT			
Phone: 01536 523274		t West. Rushden Branch, 43 High St. Rushden, Northants				You can also book on line at: www.autismuk.com				