



KHAT AWARENESS TRAINING

BOOKING FORM

1. Name.....
2. Place of work.....
3. Address.....
4. Telephone Number.....
5. E-mail.....
6. Gender Male / Female
7. Ethnicity.....
8. Do you require an Interpreter? Yes / No

If yes what language.....
9. Do you have any specific needs? (E.g. access requirements) Yes / No

If yes please state.....
10. Date of Training Requested.....

Please note: You will receive confirmation of booking within 7 days of receipt of booking form

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ALL INFORMATION PROVIDED IS COMPLETELY CONFIDENTIAL.

**Please return to: Breakthrough, 84 Guernsey Road, Sheffield, S2 4HG
E-mail: Annmarie@breakthroughsheffield.org.uk
Tel: 0114 249 3700 Fax: 0114 249 3703**