

Welcome to The Cart Shed!

We are delighted that you are interested in attending one of our courses. Before we can register you onto one of our courses, we need to ask for a few key details from you.

Please can you complete the form below; either for yourself or on behalf of someone, and return to **info@thecartshed.co.uk**

Are you completing this for yourself or someone else? (Please tick which)

If completing for someone else please provide your contact details below

| | | | |
|----------------|--|---------------------|--|
| Name | | Email | |
| Contact Number | | Relationship to you | |

Contact Details of Person Registering with The Cart Shed for a Course

| | | | |
|--------------------|--|---------------|--|
| Name | | Date of Birth | |
| Address | | | |
| Postcode | | Email | |
| Mobile Number | | Home Number | |
| GP Surgery Address | | | |
| GP Name (if known) | | | |

Emergency Contact Details

| | | | |
|--|--|-------------|--|
| Name | | | |
| Mobile Number | | Home Number | |
| Relationship to you (friend, partner, husband, etc.) | | | |

Can you please tell us how you found out about the course, tick as many as relevant:

| | | | |
|-----------------------------|--------------------------|---------------|--------------------------|
| Facebook | <input type="checkbox"/> | Instagram | <input type="checkbox"/> |
| Twitter | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> |
| Other (Please tell us what) | | | |



The Cart Shed
Transforming Lives



Please tell us why you want to attend a course at The Cart Shed (Feel free to write as much as you want here)