|  |
| --- |
| **Pre retirement Workshop**  **Booking Form** |

|  |  |
| --- | --- |
| **Instructions** | * Please complete all the white boxes below and return by attaching document to an email or copy/paste whole table to an email * Please email to [bookings@affinityconnect.org](mailto:bookings@affinityconnect.org) or if you have any queries please call Training Dept on **0800 0196076 (select option 1 – training)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Date** | **Course Location** | **Date of leaving**  *(approx if known)* | **Length of service** *(approx)* | **Employer** | **Surname** | **Job Title** (or state Partner if applicable) |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** | **Pension Scheme** | **Email Address** | **Telephone Number** | **Special Needs**  *(diet/access etc)* |
|  |  |  |  |  |