

**IMPORTANT:** Please complete all sections of this form in **BLOCK CAPITALS**

**PRIVACY:** If you do not wish to receive information on future IYWC services and training events, please tick this box

## SECTION ONE

COURSE NAME: \_\_\_\_\_

ATTENDEE NAME: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

## SECTION TWO

LEARNING EXPECTATIONS: Please outline briefly your learning expectations for this training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION THREE

Do you have any learning of access issues you need assistance with Y/N Please elaborate: \_\_\_\_\_

Cost : €55 Please make cheque payable to Youth Work Ireland or indicate the name of the organization to be invoiced.

Please Return Completed Registration Form to

IYWC Training, 20 Lower Dominick Street, Dublin 1

Or

Complete an online form at [www.iywc.ie](http://www.iywc.ie)