



**GWENT
ASSOCIATION OF
VOLUNTARY
ORGANISATIONS**

Charity Reg No. 1113558
(Est. 1927)

Company Limited By Guarantee 5590517

Training & Development

GAVO Training & Development Booking Form

Organisation:	
Partnership: (Where Applicable)	
Name:	
Address:	
Postcode:	
Tel Num:	
E-mail address:	

Please reserve my place on the course below:

Course Title & Code:	
Venue:	
Course Date:	
Tutor:	
Any Specific Dietary Requirements:	
Any access requirements:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please state:	

Please return completed form to:

Name:	Jan Billingham / Daryl Harries
Address:	Gwent Association of Voluntary Organisations Ty Derwen, Church Road, Newport
Postcode:	NP19 7EJ
Tel Num:	Direct Dial - Jan 01633 241571 / Daryl 01633 241575
E-mail:	janet.billinghurst@gavowales.org.uk or daryl.harries@gavowales.org.uk



Training & Development Project Policy

1. Booking for training, we must receive all booking forms at least two weeks before the training event.
2. Payment for training must be paid for in advance at least two weeks before training is due.
3. All money paid into GAVO for training is non refundable, should any training be cancelled extra alternative training will be offered. (Exchange date for training missed).
4. All information provided by clients will remain in a secure environment not available to other organisations.
5. All venues will be subjected to Health & Safety of Clients, Staff and Tutors will be Risk Assessed.
6. GAVO Training & Development Project will endeavour to provide a high quality provision for all courses offered and delivered.
7. Permission to take photographs for marketing and promotional materials
8. Complaints procedure: All complaints must be submitted in writing to the Senior Officer at the GAVO Office and returned within 7 days. This will be acted upon with the utmost urgency and a meeting called with all parties to resolve any issues at a pre set date.

Please sign to agree to the terms and conditions of the above policy.

Print Name: _____

Signature: _____

Date: _____

Tel: _____

For Office Use Only:	
Received By:	
Date:	