




# Bristol Community Transport MiDAS training booking form



Name of Delegate: Please use a different form for each delegate

|                                                         |  |                                                              |  |
|---------------------------------------------------------|--|--------------------------------------------------------------|--|
| MiDAS Number<br><small>if existing MiDAS holder</small> |  | MiDAS Expiry Date<br><small>if existing MiDAS holder</small> |  |
|---------------------------------------------------------|--|--------------------------------------------------------------|--|

Preferred Course Date(s) Please check availability on line or call us before submitting booking

|                                |  |                                                   |                                                                                     |
|--------------------------------|--|---------------------------------------------------|-------------------------------------------------------------------------------------|
| Module 1<br>(Standard Driving) |  | Module 2 <b>Optional</b><br>(Accessible Training) |  |
|--------------------------------|--|---------------------------------------------------|-------------------------------------------------------------------------------------|

Organisation / Member Group Name (if applicable)

BCT Membership Number (if applicable):

|                   |                                 |
|-------------------|---------------------------------|
| Delegate Address: | Finance Address (if different): |
|                   |                                 |

|            |  |            |  |
|------------|--|------------|--|
| Telephone: |  | Telephone: |  |
| Facsimile: |  | Facsimile: |  |
| Email:     |  | Email:     |  |

### Payment

- I enclose a cheque made payable to "B C T" for the full course fee.
- I enclose a purchase order for the course fee from .....

**Bookings can only be accepted if accompanied by payment or a Purchase Order**

NB: Course fees are not subject to VAT

Why did you decide to book this course with BCT?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Job Title (if applicable): \_\_\_\_\_

Discount Code: If you've been given a Discount Code, then please quote it here: \_\_\_\_\_

Completed form **and** cheque or purchase order should be sent to:  
**Bristol Community Transport**, 181-189 Easton Road, Easton, Bristol BS5 0HQ

**[www.midastraining.info](http://www.midastraining.info)**

**BCT USE ONLY**

|                        | Signed | Date |
|------------------------|--------|------|
| Booking Received       |        |      |
| Payment Checked        |        |      |
| Availability Allocated |        |      |
| Confirmation Sent      |        |      |
| Invoice Number         |        |      |

|                       | Comment | Signed | Date |
|-----------------------|---------|--------|------|
| Assessment Date       | Date:   |        |      |
| Pass / Fail           |         |        |      |
| Certificate(s) issued | No:     |        |      |
| Database Updated      |         |        |      |
| Invoiced: £           |         |        |      |