



TRAINING APPLICATION FORM

NAME: .....

PROFESSION: .....

TRAINING EVENT: .....

WORK ADDRESS

.....  
.....  
.....

I include a cheque for the full cost of the training, which amounts to £.....  
(Please make cheques payable to: Sussex Children's Centre)

CONTACT TELEPHONE NUMBER: .....

CONTACT EMAIL ADDRESS: .....

.....

SIGNATURE

.....

DATE

**Sussex Children's Centre**

Wayfarers Cottage, Haywards Heath Road, North Chailey BN8 4EX

T: 0844 967 0362 E: [info@sussexchildrenscentre.com](mailto:info@sussexchildrenscentre.com)



Please send your application to: Sussex Children's Centre, Wayfarers Cottage, Haywards Heath Rd, North Chailey, BN8 4EX

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