

# Delegate Booking Form

I would like to attend the following session(s)

- |                                                                |       |       |
|----------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Basic Welfare Benefits Part one       | Date: | Time: |
| <input type="checkbox"/> Basic Welfare Benefits Part two       | Date: | Time: |
| <input type="checkbox"/> Employment and Support Allowance      | Date: | Time: |
| <input type="checkbox"/> Personal Independence Payment         | Date: | Time: |
| <input type="checkbox"/> Universal Credit                      | Date: | Time: |
| <input type="checkbox"/> Reconsiderations and Starting Appeals | Date: | Time: |
| <input type="checkbox"/> Tribunal Skills                       | Date: | Time: |

Name of Delegate	
Job Title	
Organisation	
Address including postcode	
Telephone	
Email Address	
Name of person to send invoice to (if different from above)	
Their Address	
Their Email Address	

Do you have any accessibility requirements e.g. large print, wheelchair access?

Please send this completed form to [vanessa.balls@equallives.org.uk](mailto:vanessa.balls@equallives.org.uk)