Training Application Form: Please fill in and either send by fax or post or fill out on line www.autismuk.com

Course # 1	TEACCH® Training June 23-24 2025. £450.00 2-DAY	# of delegates	
Course # 2	SCERTS Training June 25-26 2025. £385.00 2-DAY	# of delegates	
Course # 3	Teacch® Training January TBA 2026. £TBA 2-DAY	# of delegates	
Course # 4	SCERTS Training January TBA 2026. £TBA 2-DAY	# of delegates	
Course # 5	SCERTS Training January TBA 2026. £TBA 2-DAY	# of delegates	

Payment Information						Inv	Invoice/booking Contact if different from payment information			
Purchase Order #						Dat	Date of Application			
Payment Method		invoice Cheque					Note: booking and/or payment can be accepted via PayPal on line. You do not need to be a member of PayPal to pay this way.			
Contact Person						Con	Contact Person			
Organisation						Org	Organisation			
Street					Stre	Street				
City						City	City			
County		Country			Cou	County		Country		
Post Code/Zip						Pos	Post Code/Zip			
Payment E-mail *						Dele	Delegate/INFO. E-mail*			
Phone #						Phone #				
Delegates Title		Abbreviate IE: T					Γ=Teacher, Max: 4 Letters			
Age Range		of Persons looked					ed after IE: 5-7. or 7-16. or 16-40.			
Degree of ASD		Abbreviate IE: S=				S=Sev	=Severe. M =Moderate. HF = High Functioning. A =All			
Delegates Names as to ap						ppea	pear on certificate Please Print			
Course # Stat		us First					Last			
#										
#										
#										
#										
#										
#										
#										
#										
Fax:	For your Account's Dept.					t.		Post to:	Autism Indeper	ndent UK. (SFTAH)
		Nat West. Bank Acc.# 0676 5904 Sort Code# VIFT: NWBKGB2L IBAN GB83 NWBK 5441 0: BIC: NWBKGB2L. All payments GBP o					6 7659 04.	199-203 Blandford Ave. Kettering. Northants. NN16 9AT		
Phone: 01536 523274		Nat West. Rushden Branch, 43 High St. Rushden					•	You can also book on line at: www.autismuk.com		