**Booking Form**

**Please fill the form with all the necessary information.**

|  |  |
| --- | --- |
| **Name** | |
| **Organisation** | |
| **Address** | |
| **Phone (work)** | **Phone (Mobile)** |
| **Email(s)** | |

**Specific Requirements**

To help us ensure that all attendees are able to participate fully, and that we meet all your access needs, please answer the following questions. All information you provide will be treated as CONFIDENTIAL and will be used only for planning this event. We will write to you and confirm the arrangements that have been made when we confirm your booking.

Please mark **‘X’** against the appropriate option

**Will you require an interpreter to be available on the day?**

BSL

Language (Please Give details):

Will you be bringing a Personal Assistant? Yes No

If yes, Please give their name

Please give details of any

other requirements in the box

(e.g. loop systems)

**Dietary Requirements**

Please inform us below of any dietary requirements that you have

**Information at the event**

Do you require information for this event in an alternative format? (Please indicate with an ‘X’)



Standard print size 14 font

Large Print size 18 font

Extra Large size 24 font and bold

Information on Coloured paper

Please state colour required

Electronic information

If other please give details in the box below

**Please return completed booking form to:**

[**leicesterlinks@carersfederation.co.uk**](mailto:leicesterlinks@carersfederation.co.uk)

**or post it to us on:**

**Freepost**

**Leicester LINk**

**Business Box**

**3 Oswin Road**

**Leicester**

**LE3 1HR**