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Supporting Quality Care SQC Consulting_Training_Investigating	SQC - Dementia Care Training Courses
Company Name	
No. of Delegates	
Delegates Names	
Company Address	
Telephone	
Email	
Course Title	
Date	
Venue	
SQC. No course certificates <u>Cancellation and Change</u> Cancellation made by the county to substitutes may be sent or	r to candidates undertaking this course unless by prior arrangement with will be issued unless full payment has been received. Selient less than 14-days prior to the course will incur a full charge. In the courses with prior arrangement with SQC. In some instances, due to control SQC may need to postpone or cancel a course – we will notify you.
Total Amount to be invo	iced
Name of Person Making	Booking
Signature:	