



O blaidd gwell  
iechyd meddwl  
For better  
mental health



|               |          |
|---------------|----------|
| Name          |          |
| Organisation: | Position |
| Address:      |          |
| Postcode:     |          |
| Telephone:    | Mobile:  |
| Email         |          |

*Please note, free and reduced cost ASIST places are available only to Bridgend county based beneficiaries*

I confirm I live in Bridgend county  Yes  No  
 I confirm I work in Bridgend county  Yes  No

Please number which dates you prefer in order of preference 2010 dates (eg 1, 2, 3, 4)

|              |               |                  |                  |              |            |
|--------------|---------------|------------------|------------------|--------------|------------|
| May<br>10/11 | July<br>19/20 | September<br>8/9 | October<br>19/20 | Nov<br>10/11 | Dec<br>1/2 |
|--------------|---------------|------------------|------------------|--------------|------------|

My group/organisation:

|   | Type   | Tick |
|---|--|------|
| A | Individual community member / Bridgend county resident |      |
| B | Third sector/ voluntary/community organisation         |      |
| C | Public/statutory sector                                |      |
| D | Private organisation                                   |      |
| E | Other (please state)                                   |      |

**Tea/coffee will be provided, however lunch is not included.**

I have specific additional/access requirements as follows

.....

**Payment**

|                         |   |                     |      |
|-------------------------|---|---------------------|------|
| I enclose a deposit for | £ | Cheques payable to: | BAVO |
|-------------------------|---|---------------------|------|

**Please note**

- A refundable deposit of £20 (non-refundable for non attendance) per person is required for each booking category
- Alternatively, if you are booking from a large organisation then please provide an approved purchase order
- Confirmation of your booking will be sent to you

The information I have provided is correct and I understand the conditions of the booking.

Signed \_\_\_\_\_  
\_\_\_\_\_

|   |
|---|
| Please return to: ASIST Training ,<br>BAVO, 112-113 Commercial Street,<br>Maesteg CF349DL<br>Tel: 01656 810400 or email: bavo@bavo.org.uk |
|---|





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date: \_\_\_\_\_



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