

Registration Form

Please complete and return this form as soon as possible

Name of Participant:

Place of Work & Address:

Contact Name:

Contact Phone No:

Email:

I would like to register on the following programme:



Date

☐

6-Day Moving & Handling Facilitators Course on:

☐

Annual Update Study Day on:

☐

In-House Manual Handling Training

Please call 0113 275 5774

☐

In-House Load Handling Training

Please call 0113 275 5774

☐

Back Awareness & Workstation Set-Up

Please call 0113 275 5774

Booking reference: _____

Please post or fax the completed form to
LPS Training & Consultancy on 0113 225 6069.

If you have any questions or require further
information please contact us.