

SHELBOURNE HEALTH AND SAFETY

Training and Assessment Centre

PATRICK STAFFORD, REG. TRAINER
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BOOKING FORM FOR SAFE PASS

Name	
Company Name	Prog:
Address 1	
Address 2	Startdate:
Address 3(Town)	
Address 4(County/City)	Finishdate:

Please make the following bookings on behalf of the sponsor for Person(s)

Company Name Employer

Address Tel No:

..... Email:

.....

Fee: €95.00 Per Person for the three days.

Participants Name(s)

.....

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS STATED OVERLEAF.

Signed on behalf of the Sponsor: Date:.....

**PLEASE ENCLOSE THIS BOOKING FORM WITH YOUR REMITTANCE TO
SHELBOURNE HEALTH AND SAFETY**

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