

# LAW CENTRE (NI)

## TRAINING COURSE APPLICATION FORM

Please return an application form for **each person** requesting a place by **Friday 23 July 2010** (photocopy additional forms if necessary). Please answer all appropriate questions.

**COURSE TITLE :**      **MENTAL HEALTH & CRIMINAL JUSTICE**

**DATE OF COURSE :**    **THURSDAY 5 AUGUST 2010**

**NAME:** .....

**JOB TITLE:** .....

**ORGANISATION:** .....

**EMAIL ADDRESS:** .....

**ADDRESS (inc. post code).....**

.....

**TELEPHONE:** .....

Please give a brief description of your duties in your present post:

.....

.....

.....

Please give a brief account of your interest in this course:

.....

.....

.....

Are you registered disabled?    Yes                          No   

Are you a:      Member voluntary                     

                  Non members voluntary                     

                  Member statutory/private                     

                  Non member statutory/private                     

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Deborah Hill at Law Centre (NI), 124 Donegall Street, Belfast BT1 2GY by Friday 23 July 2010 either by fax on (028) 90236340 or by email at: [deborah.hill@lawcentreni.org](mailto:deborah.hill@lawcentreni.org)**