

INSET APPLICATION FORM

Application forms are also available on **the** website: www.wjec.co.uk/inset2001.html

PLEASE PHOTOCOPY THIS FORM AS NECESSARY AND RETURN TO:

**The INSET Unit
WJEC
245 Western Avenue
Cardiff CF5 2YX**

**Tel: (029) 2026 5024
Fax: (029) 2057 5994**

Please complete in **CAPITAL LETTERS**

A: Course Details

WJEC Course No . A26 _____

Subject and Level: _____

Location: _____

Date: _____

If you should need to specify your choice of group or session please write clearly below:

a.m.:	_____	_____
p.m.:	_____	_____

B: Delegate details

WJEC Centre Number: _____

Please delete Dr/Mr/Mrs/Miss/Ms

Forenames: _____ Surname: _____

Work Address _____ Home Address _____

Post code: _____ Post code: _____

Work Telephone no: _____ Work Telephone no: _____

Work email address _____ Work email address _____

C: Payment details

I enclose a cheque for £_____ made payable to WJEC **or** cheque to follow ð

D: Authorisation

Supporting Signature

Position:

Date
