|  |  |
| --- | --- |
| https://centres.highfieldqualifications.com/Assets/DownloadArea/%5b10102017_1110%5d_%5b03082017_1110%5d_Highfield_Qualifications_-_approved_centre.jpg | **Legionella Awareness Training: Booking Form** |
| **Contact Name:** |  |
| **Company Name & Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Course Required:** | Highfield Level 3: Legionella Awareness  – Responsible Persons |
| **Date of Course:** | Tuesday 7th October 2025 |
| **Course Location:** | Central London |

|  |
| --- |
| **Delegate Information:** *(maximum of 15 delegates)* |

| **Delegate Full Name** | **Delegate D.O.B** | **Delegate Gender** | **Any reasonable adjustments / special considerations / dietary requirements**  (further information may be required) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |