

**INDEPENDENT MONITORING BOARDS NATIONAL TRAINING COURSE
APPLICATION FORM**

Please complete in block capitals

NAME

ESTABLISHMENT

DATE OF APPOINTMENT TO IMB

DETAILS OF COURSE

Course title	Date	Location
--------------	------	----------

HOME ADDRESS AND DAYTIME TELEPHONE NUMBER

Address

Telephone Number


SPECIAL DIETARY REQUIREMENTS

SPECIAL ACCOMMODATION REQUIREMENTS (NB. all rooms are single occupancy)

SMOKING/NON-SMOKING BEDROOM

OTHER

Please Return to : Rodney Bowles
2nd Floor Ashley House
2 Monck St
London SW1P 2BQ

 0207 035 2257
Fax 0207 035 2250
Email – rodney.bowles@homeoffice.gsi.gov.uk