



Participant Training for Assessors – Wassenaar

Date training: March 9^h 2019

Name participant:

School/organisation/institution:

Name:

Address:

Postal code:

Town/City:

Phone number:

E-mail:

Send invoice for the training to:

Central contact person/coordinator within a school, organisation or institution for the Award is:

Name:

Personal information of the participant:

Address:

Postal code:

Town/City:

Phone number:

E-mail:

Date of birth:

Dietary requirements during the course: