**Chair Based Exercise Course Registration**

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| --- | --- |
| Name |  |
| Organisation |  |
| Role |  |
| Email |  |
| Contact number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Course** | **Where** | **Can attend both dates? Yes/No** |
| 8 March  22 March  \*MUST ATTEND ALL 2 DAYS | 10.00am – 4.30pm | Chair Based  Exercise | Lough Moss Leisure Centre |  |

**I will commit to deliver at least 3 x Chair Based Exercise Programmes within a 12 month period of receiving the training.**

Yes  / No 

Which geographical area do you intend to deliver the programmes?

Please email this form to Eithne in the Health Improvement Team to apply for a place on the course; [eithne.currie@belfasttrust.hscni.net](mailto:eithne.currie@belfasttrust.hscni.net)

If you would also like to be added to the BHSCT Health Improvement Team emailing list to receive further training dates, information and funding opportunities please put an X in this box to show you agree to this:

