

SENIOR MENTAL HEALTH LEADS TRAINING for Schools and Colleges
DELEGATE DETAILS

Title		First Name		Surname	
Job Title			Email		
Organisation			Tel Number		
Address			Job Title		
			Postcode		
Please let us know whether you wish to enrol in the training for Schools or Colleges					

WAYS TO PAY
Invoice

Organisation Billing Name		Finance Contact	
Invoicing address			Contact Number
			Contact email
Postcode		Organisation Accounts Payable email address	*
Please indicate if this invoice should be sent to NHS Shared Business services in Wakefield for processing		Payables Code	
*This information is essential for us to send the invoice		PO Number	*

Please note that CWI is part of the university and 'University of Reading' should be shown as the supplier on your purchase order.

University of Reading Bank Details

Account Name	University of Reading Receipts Account		
Sort Code	30-40-65	Account Number	00752804
BIC/SWIFT	LOYDGB21F43	IBAN	GB37 LOYD 304065 0075 2804
Reference	K3486800 + add name	Please email booking form to cwi@reading.ac.uk	

Credit or Debit Card

Please call Receipts Office on 0118 378 6130 to make payment and email booking form to cwi@reading.ac.uk

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Please see our website for terms and conditions http://www.reading.ac.uk/charliewaller/cwi-workshops.aspx	Email:	cwi@reading.ac.uk