



BOOKING FORM

Name:				
Address Line 1:				
Address Line 2:				
Town:				
**Postcode:				
E-mail:				
Telephone:				
**Age	18 years old or under	19 – 49 years of age	Over 50 years of age	
Select relevant age group.				
			Ye	s No
**Do you currently hold a mathematics qualification grade c or equivalent and above?				
**Will you require any reasonable adjustments to support your attendance at this event?				
				•
Event/Course Inte	erested in:	Council/College/Univ	versity:	
Date of event:				

Signature: Date

** This information will be shared with the Department for the Economy in line with the privacy notice at https://www.economy-ni.gov.uk/publications/multiply-project-privacy-notice .If you require a hard copy, this can be requested from the organisation delivering your Multiply Initiative or via email to: multiply@ardsandnorthdown.gov.uk

