



NCBC UK MECC BESPOKE BOOKING REGISTRATION FORM

NB: Please only complete this form if you are booking MECC training on behalf of a team/organisation for multiple attendees

CONTACT NAME	
JOB TITLE	
ORGANISATION	
EMAIL	
TELEPHONE NUMBER	
TEAM/ORGANISATION BOOKING FOR (if different from organisation listed above)	

1. Have any of the attendees had previous Behaviour Change training? If yes, please provide details of what and when.
2. Is the MECC training you are booking going to be mandatory or voluntary for attendees?
3. Are there any specific requirements you have for the training in terms of topics, cases, needs?
4. Do any of the staff attending have any specific accessibility needs the trainer needs to be aware of?
5. Do you have any important venue information that would be helpful to the trainer? Please note that training rooms need to offer adequate space for training.

6. How do you see MECC fitting into your service/staff's roles?

7. Please complete the table below with specific information on participants who are attending:

MECC TRAINING ATTENDEE DETAILS				
Attendee First Name	Attendee Family Name	Attendee Job Title	Attendee Workbase	Attendee email address

