**DIRECTORS / HEADS LEARNING SET APPLICATION FORM**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  | Preferred Name: |  |
| Last Name: |  |
| Position Held: |  |
| Institution: |  |
| Email: |  |
| Mobile: |  |
| Direct Line: |  |

|  |  |
| --- | --- |
| Please enter a Purchase Order number, or indicate if one will be sent  |  |

|  |  |
| --- | --- |
| Invoice Address: |  |

**I confirm that:**

* I wish to participate in an AHUA organised Director / Heads Level Learning Set;
* I commit to attending the first five meetings of the set;
* I understand that the fee for participating in the set will be £950 (VAT exempt).

|  |
| --- |
| Signature: |
| Date:  |

**Please return a copy of this agreement to:**

Catherine Webb, Executive Secretary, AHUA

c.f.webb@ahua.ac.uk

07785 286833