**Voluntary Action Islington: booking form**

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| **Gambling and Mental Health Service Users: workshop****26 April, 10am – 12.30pm** |

To enable us to help you with specific advice and ensure you get the most out of the session, please complete the following, giving as much relevant information as possible. Forms need to be returned to advice@vai.org.uk as soon as possible.

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| **Organisation** |  |
| **Address** |  **Postcode** |
| **Your name** |  | **Your position** |  |
| **Email** |  | **Contact no** |  |
| **Website** |  |
| **What is your legal status?**Please circle | A registered charity A registered companyA CICAn unregistered charity or company : **other - please state** |
| **Are you a member of Voluntary Action Islington?** |
| **How many members of staff do you have?** |
| **Give a brief overview of your organisation and what it does?** |
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