



**Click & Chat Training Sessions**

**Booking Form**

**Name…………………………………………………………………………………………………………..**

**Address…………………………………………………………………………………………………………**

**………………………………………………………………….Post Code…………………………………..**

**Tel……………………………………………………. Email…………………………………………………**

**Please tell us what your current level of confidence is:**

*(Tick one of the boxes below)*

I am a complete beginner 

I am a beginner but not very confident 

I own or have used a laptop/computer and would like to

improve my confidence 

**……………………………………………………………………………………**

If you would like any further information about the IT sessions please contact: SCIPS on 0121 544 1230 or email: enquiries@scips.org.uk