

**SUPPORTING COMMUNITIES NI**

**TRAINING COURSES**

**EXPRESSION OF INTEREST FORM**

*Please complete the following information:*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

Are there a number of your group interested in this training? YES / NO

If yes, how many? \_\_\_\_\_

Name of Training Course you would like to attend:  
\_\_\_\_\_

Either post to, or email to one of the following:

*Post:*  
Laura O'Dowd  
Training Officer  
Supporting Communities NI  
34-36 Henry Street  
BALLYMENA  
BT42 3AH

*Email:*  
laura.odowd@supportingcommunitiesni.org

**Many Thanks**