

Booking Form

Level 2 Award for Personal
Licence Holders (APLH)



1. About you

Full name:

Type your answers in the boxes
Red boxes are required fields

Email:

Address:

Contact number (mobile):

Billing address (if different from above):

Do you have any disabilities, medical issues or allergies that we need to know about?

Yes ☐ No ☐

If yes, please provide further details:

2. Payment

☐ Please contact me for payment

☐ Payment made online (you will be redirected to online payment if you submit this form using the button below)

3. Course date

Please use the format DD/MM/YYYY

4. Other services

☐ I live in Cheltenham and would like help with my personal licence application

☐ I would like with help with my premises licence application.

5. Declaration

I understand that the council will use the information I supplied on this form in accordance with the relevant privacy statement viewable at www.cheltenham.gov.uk/your-data.

Signature:

Date signed:

Press 'submit' to send via email (you will be redirected to the payment engine). Alternatively you can save the form to your device