

**LEGAL DEMOCRATIC &
REGULATORY SERVICES**

Head of Department:
Mike Lovelady
Our Ref: APLH
Your Ref:
Please ask for: L. Annetts
Direct Dial: 01727 819541
Date:

Dear Sir/ Madam,

BIIAB: Award for Personal Licence Holder Course
**Venue: Council Chamber, St Albans City and District Council Offices, St Peters
Street St Albans, Herts AL1 3JE**

Thank you for your enquiry in the above course. To confirm your place please complete and return the enclosed booking form with a cheque for £150.00 (the fee may vary at the discretion of the centre) made payable to 'SADC' a minimum of 10 working days before the course date.

If you fail to attend the course the fee will not be refunded, however, your booking can be transferred to another date for an additional £20.00 (administrative charge). We need a minimum of 5 persons to run the course. If we do not get 5 persons for the course you will be offered the option of moving your booking to the next available course or obtaining a refund.

Refreshments will be served during the course. Please indicate on the enclosed form if you have any special dietary requirements.

At the end of the course you will be required to sit a 40 minute examination consisting of 40 multiple-choice questions. Please indicate on the enclosed form whether you have any assessment requirements.

Upon receipt of the booking form you will be sent an invitation letter confirming your booking.

Enclosed will be the course handbook which you are recommended to read before attending the course to improve your chances of passing the examination. Details of the identification documents you will need to bring with you will also be supplied.

FAILURE TO BRING IDENTIFICATION WILL MEAN YOU CAN NOT SIT THE EXAM.

If you have any questions please contact me.

Yours faithfully
Lucy Annetts



Regulatory Services Licensing Support Officer

CONFIRMATION BOOKING FORM:

Name of Course:	BIIAB: Award for Personal Licence Holders Course
Venue:	St Albans Council Chamber, Civic Centre, St Peters Street, St Albans, Herts, AL1 3JE
Date:	

I hereby confirm that I will be attending the above course:

Name (Please write clearly)	
Address:	
Contact Telephone Number:	
Dietary Requirements (if applicable)	
Assessments requirements (if applicable)	

I have enclosed a cheque for £150.00 made payable to 'SADC'
(please tick)

I understand that the fee will not be refunded if I fail to attend the course

Signature:	
Date:	

Please return this form to:
Lucy Annetts
Licensing Authority
St Albans City and District Council
St Peters Street
St Albans
Herts AL1 3JE