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| **BSL Courses - Interest** |
| **Name:** |
| **Address:** |
| **Contact Number:** |
| **D.O.B :** |
| **Email Address:** |
| **Deaf/Hearing/hard of Hearing etc.: (Please mark one)** |
| **We are looking to start all courses in September, Dates and time to follow** |
| **Please select the course that you are interested in**  **BSL Level 1**  **BSL Level 2**  **BSL Level 3** |
| **Please select your preferred day to learn**  **MON TUE WED THU FRI SAT SUN** |

**Any further questions please contact us on 0161 945 6058 or email: daniel@interpretingsolutions.co.uk**



**Where did you hear about our sign language course?**

**Signature Website**

**IS Website**

**Facebook**

**Twitter**

**Work Place**

***If yes where do you work? --------------------------------------------***

**Friend / Family**

**Our Poster**

***(Library, Hospital, College, Mosque ect...)***

***If yes where was the poster? --------------------------------------------***

**If none of above, Where? *--------------------------------------------***