



Understanding the needs of Muslim Patients

A One Day Training Workshop

Wednesday 23rd Nov 2011

Booking Form

Name:

Employers Name:

Employers Address:

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Contact No:

Profession / Job Title:

Dietary Requirements:

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Access Requirements:

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Any other information you would like us to be aware of:

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Please email / fax completed forms back to shahada@yca-sandwell.org.uk or fax 0121 580 4979