



**Understanding the needs of Muslim Patients  
A One Day Training Workshop  
Wednesday 23<sup>rd</sup> 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](mailto:shahada@yca-sandwell.org.uk) or fax 0121 580 4979