

# MANCENT

## The Manchester Continuing Education Network

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### Application form

Please complete a  
SEPARATE form  
for each course and  
person  
and return to

the address listed in  
the course  
description

**or:**

<Name of course  
lecturer>  
c/o MANCENT  
Administrator  
55 Broadwalk  
Wilmslow  
Cheshire  
SK9 5PL

Title (Mr/Mrs/Ms/Dr/etc): .....

Surname:.....

Forename: .....

Home Address:.....

.....

.....

.....Postcode:.....

Telephone:.....mobile:.....

Email:.....

I agree for this email to be used in relation to  
MANCENT ..... YES / NO (please delete)

**COURSE NAME:**

.....

**Course**

**Lecturer:**.....

Start Date: ..... **Fee:**.....

( ) I enclose a cheque for the total amount due.  
(Cheques should be made out to the Course Lecturer).

**Disabled Participants:**

( ) If you have any access or other requirements  
please indicate this here and the course lecturer will be  
in contact with you.