

REGISTER OF INTEREST - PIP/BENEFIT WORKSHOP

Date applica-
tion received

Processed
by

Which Workshop are you interested in attending?

PIP

ESA

APPEAL/
TRIBUNAL

Is this application in relation to -

yourself/
member

friend or
family
supporting
member

*Prof/ sup-
porting mem-
ber

*OTHER

FEE PAYABLE PP:

£5.00

£5.00

£15.00

£15.00

NAME

EMAIL

ADDRESS

MOBILE

LANDLINE NO.

POSTCODE

*If you are a professional supporting an adult on the spectrum please provide the following information:

ORGANISA-
TION

EMAIL

ROLE/
POSITION

ADDRESS

MOBILE

LANDLINE NO.

POSTCODE

DATE

NAME



This is your Receipt and confirmation that a place has
been booked for you on the:

PIP / BENEFIT WORKSHOP

Wednesday 26th September, 2018

Between 10am & 2.30pm

TOTAL COST

PAYMENTS MADE

BALANCE OUTSTANDING
