

**Completion of Refresh Training**

**Notice to Licensing Board**

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| --- | --- |
|  Name   |    |
|  Address  |      |
|  Postcode   |    |
|  Date of Birth   |    |
|  Personal Licence Number   |    |
|  Date of Personal Licence Issued   |    |

|  |  |
| --- | --- |
|  Date of Refresher Training (Dated after 1st December 2020)  |   |
|  Course Title   |   |

|  |  |
| --- | --- |
|  Personal Licence Attached   |   |
|  Copy of Training Certificate Attached   |   |

**For office use only**

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|  Input into the system   |   |