



## Mindmaps Wellbeing Registration Form Online Learning Hub

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**email for joining link:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Company** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Date(s):** \_\_\_\_\_

**Comments:**

Please note your certificate will be issued using the spelling of your name on this form.

We look forward to welcoming you onto your chosen course in the near future.

Each delegate requires a separate email address in order to join the learning hub.

\*Address is required to receive your hard copy of course materials. This can be a home or work address.

Mindmaps Wellbeing - Website

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Changing  
the culture of  
workplace  
mental health

