



COURSE APPLICATION FORM

Please ensure you complete all relevant sections

COURSE NAME:	DATE:	FEE:
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PERSONAL INFORMATION

TITLE:	SURNAME:	FIRST NAME:	JOB TITLE:
EMAIL:		MAIN TELEPHONE NO.	
		MOBILE NO.	
ORGANISATION:		ADDRESS:	
DIETARY REQUIREMENTS:			
SPECIAL REQUIREMENTS FOR TRAINING:			
HOW DID YOU HEAR ABOUT THIS COURSE? (Please circle one:) Flyer Website Word of Mouth Other (please specify)			

METHOD OF PAYMENT - Please place an X in the box to indicate your preferred payment method:

- By Cheque Please make cheque payable to **St. Luke's Hospice** and put the Course name together with the student's name on the reverse side of the cheque.
- By Invoice Please invoice the following (if different from the above address)

ACCOUNT NAME AND ADDRESS

ORGANISATION:	ADDRESS:
PURCHASE/ORDER NO.	E-MAIL:

Please Note: Refunds cannot be made if cancellation is within 72 hours of the course being held.

Data Protection:

In accordance with the Data Protection Act 1998, we are required to inform you that your details will be retained and held on file for administrative purposes by St Luke's Hospice. Your information will not be passed on to any other organisation unless we have your prior consent.

For publicity purposes we may use any photographs taken during the course therefore please indicate if you do not wish your photograph to be used

I do not wish my photograph to be taken

Send the completed booking form and cheque to:

Quality & Education Department, St. Luke's Hospice, Nethermayne, Basildon, SS16 5NJ or e-mail:

education@stlukeshospice.co.uk