

# St Michael's Hospice Education Department: Application Form



Surname		First Name	
Title	male/female	Job Title	
Organisation			
Work address		Preferred address for correspondence (if different)	
Postcode			
Telephone	work	home	
Email		fax	
Special Requirements			

<b>Course Title:</b>	
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Where did you hear about this course? (please tick as appropriate)

- Education Programme   
  Recommendation   
  Flyer   
  St Michael's Hospice Website  
 Other (Please Specify) \_\_\_\_\_

**Payment options (please select)**

- I enclose a cheque payable to St Michael's Hospice for £\_\_\_\_\_
- Please invoice my organisation for £\_\_\_\_\_
- Before requesting an invoice please ensure that you have authority from your funding body.*

Name & address of the person to whom the invoice should be sent:
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**Conditions of registration:**

Course fees are payable in advance. A cancellation fee will be charged at 75% within 3 weeks of the date of the course (where appropriate fees may be carried forward to future events). If a substitute is put in place of someone who cannot attend on the day, this may incur an administration cost. Applications without payment will be treated as a provisional booking. Payment by installments is possible by prior negotiation with the Education Department.

**Data protection:**

St Michael's Hospice maintains databases for course management and marketing. Contact details are held and may be used as a basis for a mailing list to promote future courses (this information is not made available to other organisations).

I have read and understand the conditions of registration.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form along with your cheque or invoice details:

Post to: **The Education Department, St Michael's Hospice, Bartestree, Hereford HR1 4HA**  
 Tel: 01432 851000      Fax: 01432 851022      Email: info@st-michaels-hospice.org.uk