

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		fax	
Telephone	work	home	
Email Address			
Please tick if you wish to be added our mailing list <input type="checkbox"/>			
Special Requirements			

Course Title:			
Course Date(s):		Group/Course No:	

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)

- Payment Deposit
 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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PCT/NHS Trust employees please note: You must include a copy of your signed Study Leave form with the application form

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.

Deposits (for courses which are Free of Charge)

If you are attending a course that requires a deposit you must either provide a cheque or invoice details as appropriate. Cheque deposits will be returned on the final day of the course. In the event of non-attendance, or cancellation less than 7 working days in advance, invoices / cheque deposits will be processed.

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