

**The Primary Ear Care Centre**  
**The Workshop for Mentors of Healthcare Assistants/  
Assistant Practitioners**

**APPLICATION FORM**

Date of course:- \_\_\_\_\_

Title:- MRS/MISS/MS/MR

Surname:- \_\_\_\_\_ First Name(s):- \_\_\_\_\_

RCN Member:- YES/NO

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:- \_\_\_\_\_ E-mail address:- \_\_\_\_\_

Work Tel No:- \_\_\_\_\_ Job Title:- \_\_\_\_\_

Qualifications:- \_\_\_\_\_

Home Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:- \_\_\_\_\_ Home Tel No:- \_\_\_\_\_

Name of Healthcare Assistant/Assistant Practitioner who you will mentor:-

Surname:- \_\_\_\_\_ First Name(s):- \_\_\_\_\_

Have you previously attended an ear care course?

– please give title, location and date, and trainer's name (if possible)

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Describe the ear care which you provide, how often, whether as part of a normal clinic or special ear care clinic:-

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Have you any dietary/special needs? YES/NO

Where, and for whose attention, should the invoice to cover your course fees be sent?

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Payment by BACS (credit transfer) is the preferred method. The remittance should quote our invoice number and be sent to: The Rotherham NHS Foundation Trust, Financial Services, C/o Woodside, 120 Moorgate Road, Rotherham, S60 2TY.

Please return this completed application form, **together with a passport-sized photograph** to:

Primary Ear Care & Audiology Services, Rotherham Community Health Centre,  
Greasbrough Road, Rotherham, S60 1RY  
(Tel No: 01709 4232-7/Fax: 01709 423408)

**PLEASE NOTE:** THE FULL FEE WILL BE CHARGED IF NOTIFICATION OF CANCELLATION, IN WRITING OR BY E-MAIL, IS NOT RECEIVED AT LEAST 4 WEEKS PRIOR TO THE COURSE DATE