

THE PRIMARY EAR CARE CENTRE

APPLICATION FORM TO ATTEND THE NATIONAL DIPLOMA IN PRIMARY EAR CARE

Which date do you wish to attend?:- _____

How did you learn about this course? Internet/Publications/Colleagues/Attended an Ear Care Study Day/Other (Please circle appropriate answer)

Title:- MRS/MISS/MS/MR

Please use capitals and black ink when completing this form

Surname:- _____ First Name(s):- _____

Qualifications: _____

Work Address (including name of GP if applicable):-

Post Code:- _____

Work's Tel No:- _____

E-mail Address:- _____ Job Title:- _____

Home Address: _____

Post Code:- _____

Home Tel No:- _____

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

/Cont Overleaf

Previous ear care experience:
(eg. use of auriscope / irrigator)

Recent courses attended & qualifications gained:

Reasons for wishing to complete this course:

Have you any dietary/special needs? YES/NO

If 'Yes', please state:

Please supply the name and address of a colleague at your place of work who will mentor you to complete the course and programme of clinical competence:

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 423207
Fax No: 01709 423408

***CANCELLATION WITHOUT 4 WEEKS NOTICE WILL RESULT IN A FEE BEING CHARGED**