

Ear Irrigation Update (half day) Application Form

Date of Course:- _____

Title:- MRS/MISS/MS/MR E-mail Address:- _____

Surname:- _____

First Name(s):- _____

Work Address:- _____

Post Code:- _____ Tel No:- _____

Job Title:- _____

Qualifications:- _____

This section must be completed fully:

Which irrigation course have you attended? _____

When and where did it take place? _____

Who was the organiser? _____

Name of the Trainer _____

Payment details

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

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 the completed form to:- Primary Ear Care & Audiology Services, Rotherham Community Health Centre, Greasbrough Road, Rotherham, S60 1RY (Tel No: 01709 423207/ Fax No: 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