

Study Day Application Form

Course Name:- _____

Date of Course:- _____

Title:- MRS/MISS/MS/MR

Surname:- _____

First Name(s):- _____

Work Address:- _____

Post Code:- _____ Work Tel No:- _____

Job Title:- _____

E-mail Address:- _____

Qualifications:- _____

Home Address:- _____

Post Code:- _____ Tel No:- _____

PLEASE NOTE THAT LUNCH IS **NOT** PROVIDED. PLEASE EITHER BRING YOUR OWN LUNCH OR THERE IS A SANDWICH SHOP WITHIN 5 MINUTES WALK

What are your reasons for attending this study day?

For Study Day 2 & 3 only:

When and where did you attend Ear Care Study Day 1 or the Diploma Course:-

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