

# The Primary Ear Care Centre

## A 2 day Course in Ear Irrigation & Instrumentation for Healthcare Assistants & other support workers

### APPLICATION FORM

One of the conditions of attending this course is that you have a mentor who must attend day one of this Course

Date of Course:- \_\_\_\_\_

Title:- MRS/MISS/MS/MR

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

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

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

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

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

\_\_\_\_\_ Post Code:- \_\_\_\_\_

Home Tel No:- \_\_\_\_\_

Name and address (if different) of mentor at your place of work –

*This should be a registered nurse/GP who has irrigation experience and can assist you in achieving the programme of clinical competence. Your mentor is required to attend Day One of this course in order to update their irrigation skills and be confident in the role of delegation (a separate application form is required)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent courses you have attended & qualifications gained:

What previous ear care experience have you had?  
(eg. use of auriscope; type of syringe used (if any); experience of hearing aids)

How did you learn about this course? Internet/Publications/Colleagues/Other *(Please circle appropriate answer)*  
If 'Other', please state

Have you any dietary/special needs?      YES/NO      If 'Yes', please state

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

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**If your organisation requires a purchase order before payment can be made, please attach it to this form and quote the number here:**

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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 423207/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