

The Primary Ear Care Centre

THE HEALTHCARE ASSISTANT/ASSISTANT PRACTITIONER 2 DAY MICROSUCTION COURSE

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 ear care 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 microsuction skills and be confident in the role of delegation (a separate application form is required)

We may use your details to send information and updates about future events such as our bi-annual Conference. It may also be used to respond to your enquiries, questions, and/or other requests. Please tick the box if you happy for us to do so

Cont Overleaf ...

Recent courses you have attended & qualifications gained:

What previous ear care experience have you had?
(eg. use of otoscope; 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?

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

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 Email: rg-h-tr.earcarecentre@nhs.net

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