

# Half Day Microsuction Update 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:- \_\_\_\_\_

**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**

## **This section must be completed fully:**

Which microsuction 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?

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

**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 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 Email: [rg-h-tr.earcarecentre@nhs.net](mailto: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**