

Infections & Treatments Study 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:- _____

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 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?

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 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

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