

Education Department

Course Booking Form

Course Title: _____ **Course Date:** _____
Fee _____

Personal Information *(Please complete a new form for each delegate. Photocopies are acceptable)*

Title (Dr/Mrs/Miss/Ms/Mr/Revd) _____

Surname _____

First Name _____

Email _____

Telephone _____

Job Title _____

Organisation _____

Address _____

Town _____

County _____

Postcode _____ County _____

Profession *(Please select from the list below. If 'Other.... please specify)*

**Nurse/Doctor/AHP/Social Worker/Spiritual Care/
Bereavement/Education/Senior Mgr/Administrator/Care
Assistant/Other....**

Diet specify any special dietary requirements:

Are you employed by, or have an honorary contact, with one of the following: *(please highlight one from the 6 options)*

NHS Hospital Trust

NHS Community PCT

Local Authority

Independent Hospice or Voluntary
Org or Charity

Private Sector

University or Education Facility

Special needs

The Education Centre at Cotswold Care Hospice has full disabled access to all areas of the building and can accommodate most special needs.

Please contact the Education Administrator on 01453 733702 if you have any special needs, or if the course is using a different venue.

Payment

Please select your preferred method of payment with an 'X'

By Cheque

Please make cheques payable to Cotswold Care Hospice and put the Course Name on the back of the cheque.

By Invoice

Please invoice the following *(if different from the above address):*

Name _____

Address _____

Funding

Who is funding this course?

Yourself / Organisation / Reciprocal arrangements

Other....please specify

Additional Information

How did you learn about the course?

CCH Course Programme

Advertising

CCH Website

Editorial

CCH Course Flyer

Recommendation

Email

Other

Booking Conditions

The closing date for applications is 7 days prior to the course start date.

Your Place on the course will be confirmed following receipt of your booking form and fee.

In the event of a booking being cancelled less than 2 weeks before the course start date, 50% of the course fee will be charged. No refund can be made after the closing date.

This form can be photocopied for additional applications.

Data Protection

In accordance with the Data Protection Act 1998, we are required to inform you that your details will be retained and held on file for administrative purposes by Cotswold Care Hospice. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent.

Please return form to the Education Department at Cotswold Care Hospice

This form is available on our Education Programme Page on www.cotswoldcare.org.uk

Cotswold Care Hospice • Burleigh Lane • Minchinhampton • Gloucestershire • GL5 2PQ

Tel: 01453 886868 • Fax: 01453 885282 • Website: www.cotswoldcare.org.uk

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Education/Forms & Std Letters/Course Application Form