

HCSWs SUPPORTING BETTER CARE
TUESDAY 9th June, 18th June and 7th July 2009
Edinburgh Napier University Craiglockhart Campus

APPLICATION FORM

PLEASE COMPLETE AND RETURN THE FOLLOWING DETAILS

Please mark which days you would like to attend

(Programme half days are 'stand alone')

| | | | |
|------------------------------|----------|-----------------------|---------|
| Day Three: Dignity | Cost £25 | 9 th June | Yes/ No |
| Day Four: Patient Safety | Cost £25 | 18 th June | Yes/ No |
| Day Five: Sensory Impairment | Cost £25 | 7 th July | Yes/ No |

Please note these sessions are 'FREE TO HCSW MEMBERS'

Name: _____

(If an RCN Member) - Number _____

Position: _____

Mailing Address: _____

Home Telephone No: _____

Place of work: _____

Work Telephone No: _____

Email: _____

Any special dietary requirements: _____

Please return completed application form for Members, or completed RCN membership or remittance by cheque for non-members form

By post ONLY to register:

Send to:

Jan Gorman

PA to the Associate Director L&D

RCN Scotland

42 South Oswald Road

Edinburgh EH9 2HH

Thank you