

**Clinical Education Course Booking Form**

*Please print clearly in black ink and BLOCK CAPITALS*

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| **1 Personal details**   |  | | --- | |  |   Title First Name  Surname  Gender  Where did you hear about this course? |

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| **2 Applicable to Face to Face Training Only.** If not applicable, please go to section 3    Do you require disabled access? Yes No  Do you have any other special requirements? Yes No  Do you have any special dietary requirements? Yes No  Do you have any food allergies? Yes No |

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| **3 Job details**  **Please indicate your job role**  Doctor Nurse Band Pharmacist Physiotherapist  Occupational If other, please specify  Therapist  **Please specify your area of practice**  Community Acute trust Care home Hospice  Job title  Place of work  Length of time in current role |

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| **4 Course**  Title  £  Fee Date  Title  £  Fee Date |

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| **5 Course Pre-requisite**  **NOTE: Delegates must have previously completed foundation level and intermediate level communication skills training within the last 3 years. If you do not qualify please email** [**education@stfrancis.org.uk**](mailto:education@stfrancis.org.uk) **for a place on a free of charge communication skills course prior to your preferred course date.**  **Please state below the date(s) and course title(s) of previous foundation and intermediate level communication skills training attended** |

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| **6 Contact details**  Please note that email will be the main means of contact, so please write clearly and inform the course administrator as soon as possible if it should change  **Work Address**  **Work Phone No**  **Mobile No**  **Email**  **Home Address** |
| **7 Payment Details**  Please note that confirmation of a place will not be possible without completed payment details  I wish to book this course and pay by (please tick and complete as appropriate)  **Bank Transfer** **Invoice**    **Bank Transfer**  **Bank Name**  Lloyds Bank PLC  205 High Street  BERKHAMSTED  Herts HP4 1AP  **Sort Code**  30-90-73  00294353  **Account No**  The Hospice of St Francis  **Account Name**  **Reference**  Please quote **AVCST** and **your name**  **Invoice**  I request an invoice to be sent to  **Name**  **Job title**    **Department**  **Organisation**  **Contact number or**  **Email**  **Address**  **PO Number** |

**Notes**

**Withdrawal/ Deferral by Candidate**

* If a candidate wishes to withdraw from the course and provides up to 8 weeks notice prior to the course start date, the candidate will receive a 50% refund of the course fee.
* If a candidate wishes to withdraw from the course and provides less than 4 weeks notice prior to the course start date, the candidate not be eligible for a refund
* If a candidate is unable to attend due to unforeseen circumstances a £150 deferral fee will apply

**Cancellation by us**

* Occasionally, situations beyond our control mean we have to cancel a course. In the unlikely event that a course is cancelled, delegates will be informed as soon as possible and offered a priority place for the next available course or a full refund of fees if they prefer