

**Clinical Education Course Booking Form**

*Please print clearly in black ink and BLOCK CAPITALS*

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| **1 Personal details**

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Title First Name SurnameGender Where did you hear about this course?  |

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| **2 Job details****Please indicate your job role**Doctor Nurse Pharmacist PhysiotherapistOccupational If other, please specifyTherapist**Please specify your area of practice**Community Acute trust Care home HospiceJob title Please State BandPlace of workLength of time in current role Manager Name Manager Email |

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| **3 Course**Title£Fee DateTitle£Fee Date |

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| **4 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** **for a place on a free of charge communication skills course prior to your preferred course date. We recommend a 3-6 month space following these preliminary courses prior to joining the advanced course. This is to allow consolidation of learning and to maximise your learning from the advanced course.** **Please state below the date(s) and course title(s) of previous foundation and intermediate level communication skills training attended**   |

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| **5 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** |
| **6 Payment Details**Please note that confirmation of a place will not be possible without completed payment detailsI wish to book this course and pay by (please tick and complete as appropriate)**Bank Transfer** **Invoice****Bank Transfer****Bank Name**Lloyds Bank PLC205 High StreetBERKHAMSTEDHerts HP4 1AP**Sort Code** 30-90-7300294353**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