TRINITY Hospice & Palliative Care Services

Application/Booking Form

Post this form to Trinity Hospice Learning & Research Centre, Low Moor Road, Bispham, Blackpool FY2 0BG
Fax this form to 01253 359383
Email christine.jack@trinityhospice.co.uk or bobtaylor@trinityhospice.co.uk

Course Title:_____ **Date of Course:**_____ **Cost:** _____

Personal Information (please complete a new form for each deligate. Photocopies are acceptable)

Title (Dr / Mrs / Miss / Ms / Mr / Revd)	**Email**
Surname	**Telephone** **Fax**
First Name	**Known as**
Role / Title	**Profession** (please select from the list below. If other please specify)
Organisation	Nurse / Doctor / AHP / Social Worker / Spiritual Care / Bereavement / Education / Senior Mgr / Admin / Care Assistant / Other……..
Address	
	Diet
	Please specify any special dietry requiremnts:
Town	
County	**Special Needs** The Learning & Research Centre at Trinity Hospice has disabled access to the building and can accommodate most special needs.
Postcode	Please contact our Learning & Research Co-ordinator on 01253 359 386 if you have any special needs, or if the course is using a different venue.

Funding Who is funding this course? (please select below. If other….please specify).

Yourself / Organisation / Other…….

Are you **employed** by,or have an **honarary contact,** with one of the following :(Please highlight one from the six options listed below)

NHS Hospital Trust	NHS Community or Primary Care Trust
Local Authority	Independent Hospice or Voluntary Org or Charity
Private Sector	University or Education Facility

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 Trinity Hospice. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent.

Additional Information

How did you learn about the course? (Please select from the list below)

Trinity Course Programme	Advertising
Trinity Website	Editorial
Trinity Course Flyer	Recommendation
Email	Other…….

Payment

Please select your prefered method of payment with an **'x'.**

By cheque
Please make cheques payable to Trinity Hospice.
Please put the Course Name on back of cheque.

By credit card
I authorise Trinity Hospice to deduct the course cost from my account.

Card type Visa / Mastercard / Switch (please select)

Amount

Cardholder's name

Card No.

Valid from Expiry date

Booking Conditions

- The closing date for applications is 7 days prior to the course start date.
- No refund can be made after the closing date and where participants do not attend without prior notice to the Learning & Research Centre.
- Your place on the course will be confirmed following receipt of your fee with booking form.
- 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.
- This form can be photocopied for additional applications.

Signature_____ **Date**_____