Ear Care & Audiology Services

Rotherham Community Health Centre
Greasbrough Road
Rotherham
S60 1RY

Course Application Form

Name of Course: _____

Date of Course: _____

Title (Mrs/Miss/Ms/Mr) _____

Surname: _____

First Name(s): _____

Work Address: _____

_____

_____

Post Code: _____   Email Address_____

Work Tel No: _____   Job Title: _____

Home Address:
_____

_____

_____

Post Code: _____   Home Tel No: _____

Relevant Qualifications:
_____

Mentors Name (if applicable):
_____

Have you any dietary/special needs?   YES/NO

If yes please state -

_____

PAYMENT DETAILS

Where, and for whose attention, should the invoice to cover your fees be sent?

_____
_____

If your organisation requires a purchase order before payment can be made, please attach it to this form and quote the number here:

_____

Payment by BACS (credit transfer) is the preferred method. The remittance should quote our invoice number and be sent to: The Rotherham NHS Foundation Trust, Financial Services, C/O Woodside, 120 Moorgate Road, Rotherham S60 2TY

Please note: THE FULL FEE WILL BE CHARGED IF NOTIFICATION OF CANCELLATION, IN WRITING OR BY E-MAIL, IS <u>NOT</u> RECEIVED AT LEASE 4 WEEKS PRIOR TO THE COURSE DATE

We would like to use your details to send you information and updates about future events such as our bi-annual Conference.
The details you provide may also be used to respond to your enquiries and/or other requests.

Please tick the box if you are happy for us to do so   ☐

Please submit the completed application and a passport size photograph of yourself to the email below:-

Tel No: 01709 423207/Email: rgh-tr.earcaretraining@nhs.net