

APPLICATION FORM FOR HEALTH FIRST TRAINING COURSES

Please complete this form in **BLOCK CAPITALS** and either post or fax it to:

Deborah White
Health First
Mary Sheridan
House, 15 St
Thomas Street,
London SE1 9RY
Fax:
020 7378 6789

Please ensure you read the booking conditions on page 78 thoroughly before applying for any courses.

Please note that failure to attend training courses without prior notification will result in a £25 cancellation fee per day of training missed.

Name (PLEASE PRINT):.....

Job title (PLEASE PRINT):.....

Work address:.....

.....

..... Postcode:.....

Tel No:

Email:

In which borough do you work? (please tick all that apply)

Lambeth Lewisham Southwark Lambeth, Southwark and Lewisham

Other (please specify)

Who employs you? (please tick one)

NHS General Practice NHS Lambeth PCT NHS Lewisham PCT

NHS Southwark PCT NHS Acute NHS SLAM Local Authority

African Health Forum Other Voluntary Sector Organisation

Other (please specify)

Name of Course:.....

.....

Fee: (see booking conditions for details).....

Start date of course:

Reasons for wanting to attend:

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Is there anything else that would help us with planning?

If you have any special needs it will help us make the best arrangements if you ring us as early as possible (e.g. special needs with mobility, hearing, sight)

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How did you hear about this course? (please tick one)

Brochure Leaflet Manager Colleague Website

Other (please specify)

Manager's name, and organisation and address if different from above:

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..... Postcode:.....