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| **Course Details** |
| **Course Title** |  |
| **Course Date/s****(as detailed on St Benedict’s Hospice website)** |  |
| **Cost of Course:** **(as detailed on St Benedict’s Hospice website)** |  |
| **Number of Places Required:** |  |
| **Learner Details** |
| **Name(s)** |  | **Role(s)** |  |
| **Place of work / Address**  |  | **Email address & Telephone Number** |  |
| **Manager agreeing attendance and funding**  |
| **Name** |  | **Position** |  |
| **Phone no.** |  | **Email** |  |
| **Invoicing Details (essential information)** |
| **Invoice Name** |  | **Invoice Address**  |  |
| **Invoice Phone no.** |  | **Invoice Email** |  |

Please return the form to: stsft.stbenlecturer@nhs.net

<http://www.stbenedicts.co.uk/Education>

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| Please note your place will not be confirmed until payment is receivedRefunds will only be given for cancellations received up to 10 days prior to the course start date. No refunds will be given for cancellations received after this time. **We look forward to welcoming you on this course** |