



St Christopher's Hospice

Application Form

Course Name:	MULTI-PROFESSIONAL WEEK IN PALLIATIVE CARE		
Course Code:	MPW05/09	or	MPW11/09
Course Fee:	£ 700 <i>(Please complete appropriately)</i>		
Date:	<input type="checkbox"/> 18 -22 May 2009	<input type="checkbox"/>	9 -13 November 2009

PLEASE USE BLOCK LETTERS

First Name: _____ **Surname:** _____
Title: _____ Dr/Mrs/Miss/Ms/Mr/Revd

Home Address: _____

PostCode: _____

Daytime Telephone No: _____
Email: _____
Fax: _____

Job Title: _____
Profession: _____
Place of Work / Organisation Name: _____
Work Address: _____

PostCode: _____

Work Telephone No: _____
Email: _____
Fax: _____

Brief description of role:
 (If part time, please state how many hours per week working in palliative care.)

Previous career posts:
 (With dates relevant to palliative care over the last ten years.)



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Reason for applying for the course:

Objectives / learning needs for attending the course:

How did you hear about the course?

Do you have any special dietary requirements or any other requirements (disabilities to be aware of)?

Signature:

Date:

Please do not send money with your application. If you are accepted for the course you will be contacted to provide your payment by either cheque, credit card or via an invoice.

50% of the course fee will be charged in the event of a booking being cancelled less than 2 weeks before the course start date. No refund can be made where participants do not attend without prior notice to Education Administration.

Please return the completed form to:

Education Administrator, Education Centre, St Christopher's Hospice, 51-59 Lawrie Park Road, Sydenham, London SE26 6DZ.

Tel: +44(0)20 8768 4659 Fax: +44(0)20 8776 5838 Email: education@stchristophers.org.uk