

Course Name:	GROUP VISIT TO ST CHRISTOPHER'S HOSPICE
Course Fee:	Half day - £810 (up to 15 delegates) (additional delegates £50 per person) Full day (including lunch) - £1620 (up to 15 delegates) (additional delegates £100 per person). All prices include VAT.

TO BE COMPLETED BY THE GROUP LEADER USING BLOCK LETTERS

Contact details of Group Leader:

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

Contact Address:
.....
Post Code:

Daytime Telephone No:
Email:
Fax:

Job Title:
Profession:
Place of Work / Name of Organisation:
Work Address:
.....
Post Code:

Work Telephone No:
Email:
Fax:

IF YOU ARE NOT RESIDENT IN THE UK, PLEASE ENSURE THAT WE HAVE UK CONTACT DETAILS FOR YOU.

UK Address:
.....
Post Code:

Telephone No:
Email:
Fax:

Date of visit:

Requested duration of visit: ½ day am ½ day pm 1 day
(please circle as appropriate)

Number of persons in the group:

Please tell us about your group and the purpose of your visit to the UK. (N.B. If you are from the UK, what is the purpose of your visit to St Christopher's?)

Please attach a list of the names and professional designations of the group members:

Please specify your 3 key objectives for your visit to St Christopher's:

- 1
.....
- 2
.....
- 3
.....

How do you believe the visit will benefit those approaching the end of life within your country/community?

If English is not the first language of your group members, what arrangements for interpretation will you make?

Please add any further information that you feel would be helpful to us in considering your application:

Signature: **Date:**

Please return the completed form to:
Education Administration, Education Centre, St Christopher's Hospice, 51-59 Lawrie Park Road, London SE26 6DZ.
Tel: 020 8768 4659 Fax: 020 8776 5838 Email: education@stchristophers.org.uk