



# Education Department Course Booking Form

**Course Title:** \_\_\_\_\_ **Course Date:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

**Personal Information** *(Please complete a new form for each delegate. Photocopies are acceptable)*

Title (Dr/Mrs/Miss/Ms/Mr/Revd) \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Email \_\_\_\_\_

Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

**Profession** *(Please select from the list below. If 'Other.... please specify)*

**Nurse/Doctor/AHP/Social Worker/Spiritual Care/  
Bereavement/Education/Senior Mgr/Administrator/  
Care Assistant/Other....**

**Diet specify any special dietary requirements:**

**Are you employed by, or have an honorary contact,** with one of the following: *(please highlight one from the options)*

NHS Hospital Trust      NHS Community PCT  
Local Authority        Independent Hospice or Voluntary  
Org or Charity         Private Sector  
University or Education Facility

**Additional Information**

How did you learn about the course?

CCH Course Programme	Advertising
CCH Website	Editorial
CCH Course Flyer	Recommendation
Email	Other

**Please make sure you read our Terms & conditions and fill in payment details overleaf.**

Payment *Please note: All **Free** programmes require a **£10** administration fee. This will be returned on attendance but forfeited for cancellations within 7 days of the course or non attendance.*

Please select your preferred method of payment with an 'X'

**By Cheque** *Please make cheques payable to Cotswold Care Hospice and put the Course Name on the back of the cheque.*

**By Invoice** *(Please note there will be a **£3.00** administration charge per application for this facility)*

**Please invoice the following** *(if different from the above address):*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Funding**

Who is funding this course?  
Yourself / Organisation / Reciprocal  
arrangements  
Otherō .please specify

**Terms and Conditions**

**PAYMENT MUST BE RECEIVED BEFORE THE COURSE DATE**

**Cancellation 7 days prior to course date will be charged at 100% of total fee.**

**This form can be photocopied for additional applications.**

**Special needs**

The Education Centre at Cotswold Care Hospice has full disabled access to all areas of the building and can accommodate most special needs. There is a loop system for people who are hard of hearing and use a hearing aid.

Please contact the Education Administrator on 01453 733702 if you have any special needs.

**Data Protection**

Your details will be stored at Cotswold Care Hospice but not shared with any third parties. If you do not wish to receive further communications from Cotswold Care Hospice, please tick this box.

**Please return form to the Education Department at Cotswold Care Hospice**

This form is available on our Education Programme Page on [www.cotswoldcare.org.uk](http://www.cotswoldcare.org.uk)

Cotswold Care Hospice • Burleigh Lane • Minchinhampton • Gloucestershire • GL5 2PQ

Tel: 01453 886868 • Fax: 01453 885282 • Website: [www.cotswoldcare.org.uk](http://www.cotswoldcare.org.uk)

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