**Please read and accept the booking terms & conditions overleaf**

**Study Day Registration Form**

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| **ADVANCED COMMUNICATION SKILLS TRAINING APPLICATION FORM** | | | | | |
| Course: | Advanced Communication Skills Training | | | | |
| Enter Your Preferred Date: |  | | As this course gets booked up quickly, your preferred date may not always be available in which case we will contact you to arrange an alternative. | | |
| Course Reference No. | (please refer to the website for the course code  for your chosen date)) | | | Cost | £850 |
| **PERSONAL DETAILS** | | | | | |
| Name | |  | | | |
| Job Title | |  | | | |
| Name of your Trust/Organisation | |  | | | |
| Address of workplace | |  | | | |
| Mobile Contact Tel: | |  | | | |
| Email Address: | |  | | | |
| Your Line Manager’s Name: | |  | | | |
| Your Line Manager’s Email: | |  | | | |
| **PAYMENT (please indicate which payment method you choose)** | | | | | |
| **1. Bank Transfer** | | | | | |
| ***Please quote the Study Day Reference number on any bank transfer followed by your initial and surname (example 01JBloggs)***  Account Name: The Clatterbridge Cancer Centre NHSFT  Bank Name: National Westminster Bank PLC  Sort Code: 60-70-80  Account Number: 10010637  IBAN: GB71NWBK60708010010637 | | | | | |
| **2. Payment on Invoice** | | | | | |
| If your employer is providing funding we will require confirmation from them and a purchase order **before** your course place is guaranteed. Please send your confirmation and a purchase order to [ccf-tr.clinicaleducation@nhs.net](mailto:ccf-tr.clinicaleducation@nhs.net)  Please note that we cannot invoice on a purchase order number alone, we will require a copy of the actual purchase order. | | | | | |
| **3. Payment by Credit Card** | | | | | |
| If you wish to pay by Credit Card, please call Clatterbridge Cancer Centre Cash Office on 0151 556 5969 with your credit card details between the hours of 10:00 and 16:00 Monday to Friday. | | | | | |
| **FOR CCC STAFF ONLY**  **4. Payment via Trust Funding**  You can apply for funding via the Study Leave Committee. Please download the application form from the Intranet and submit to the email address below. Please note that funding is not guaranteed. | | | | | |

**PLEASE READ & ACCEPT**

**Booking Terms and conditions**

1. Payment must be made **PRIOR** to the release of the e-learning platform (approx. 4 weeks before the taught days). We reserve the right to cancel a booking in the case of non-receipt of payment before this point.

1. For bookings where payment will be made by an NHS organisation, a Purchase Order and funding confirmation is required before a booking can be confirmed.
2. If you cannot attend the course, cancellation **MUST** be communicated promptly to the Clinical Education inbox [ccf-tr.clinicaleducation@nhs.net](mailto:ccf-tr.clinicaleducation@nhs.net). Should cancellation take place following release of the e-learning platform (approx. 4 weeks before the taught days) the full cost **will be charged**.
3. Where certificates of attendance are provided, alteration or transfer of certificates will be regarded as fraudulent activity.
4. Should the course be postponed, your booking will be transferred to the new date and you will be contacted accordingly. You will retain the right to cancel your place should you be unable to attend in line with point 3.
5. We reserve the right to cancel events due to unforeseen circumstances, in which case full refunds will be issued.
6. We reserve the right to make appropriate changes to the delivery of the event in order to adhere to government guidelines or to respond to other significant external factors. Delegates will be notified of this change as soon as is reasonably practicable.

I confirm I have read and understood the terms and conditions

Please return this form to: [ccf-tr.clinicaleducation@nhs.net](mailto:ccf-tr.clinicaleducation@nhs.net)