**Study Day Registration Form**

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| **COURSE DETAILS** | | | | |
| Name of Study Day | Physics & Radiobiology Teaching for Therapeutic Radiographers | | | |
| Date of Study Day | Monday 24th – Friday 28thMarch & Monday 31st March 2025 | | | |
| Study Day Reference No. | PHYS | | Cost of Study Day | £450 |
| **PERSONAL DETAILS** | | | | |
| Name | |  | | |
| Job Title | |  | | |
| Name of your Trust/Organisation | |  | | |
| Address of workplace | |  | | |
| Contact Tel: | |  | | |
| Email Address | |  | | |
| Preferred Name for Certificate | |  | | |
| **PAYMENT (please indicate which payment method you choose)** | | | | |
| **1. Bank Transfer** | | | | |
| ***Please quote the Study Day Reference on any bank transfer followed by your initial and surname (example PHYSJBloggs)***  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. | | | | |
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**Please complete and return this form to:** [carla.coxon@nhs.net](mailto:carla.coxon@nhs.net)

On receipt of registration form and payment, confirmation of registration will be sent to you via email

**PLEASE READ**

**Booking Terms and conditions**

* Payment must be made prior to the event. We reserve the right to cancel a booking in the case of

non-receipt of payment before the event commences.

* For bookings where payment will be made by an NHS organisation, a Purchase Order number and funding confirmation is required before a booking can be confirmed.
* Should you no longer be able to attend the event, cancellation should be communicated promptly to the Clinical Education inbox [ccf-tr.clinicaleducation@nhs.net](mailto:ccf-tr.clinicaleducation@nhs.net). Should cancellation take place within 14 working days of the event you will be charged the full fee. Suitable replacement delegates will be accepted up to 2 days before the event.
* If a livestream ticket is purchased, then this link is for the sole use of the individual in whose name the booking has been made. Allowing access to other individuals is strictly prohibited.
* For in person events, it is the responsibility of the delegate, or their representative, to communicate any access requirements when making the booking.
* Where food and drink are provided at an event, it is the responsibility of the delegate, or their representative, to communicate any special dietary requirements when making the booking.
* Where certificates of attendance are provided, alteration or transfer of certificates will be regarded as fraudulent activity.
* Should the event have to 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.
* We reserve the right to cancel events due to unforeseen circumstances, in which case full refunds will be issued.
* 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. If public health measures or other factors make in person delivery unsuitable, we may offer online attendance as an alternative. Delegates will be notified of this change as soon as is reasonably practicable.