

# Application Form

Title: ..... Surname: .....

Forename: .....

Address: .....

Post Code: .....

Tel No.(W). ..... Tel No (H) .....

Email: .....

Qualifications: ..... Job Title: .....

Place of Work: .....

Course Applied for: .....

Date/s: .....

Payment:  I enclose cheque made payable to Strathcarron Hospice

Please debit my Debit/Credit card with the amount £

Card No: .....

Issue date: ..... Exp Date: .....

Security No (last three digits on security slip) .....

This information will be destroyed after use.

Please send invoice to:

Organisation: ..... F.A.O. ....

Address: .....

Post code: .....

PLEASE NOTE CANCELLATION POLICY: Places reserved on a course must be paid for in advance or details of invoice address and contact name enclosed with registration form. Cancellations made in writing more than 14 days prior to the course start date incur a 25% administration fee, less than 14 days no refund is given. Substitutions can be made at any time before commencement of the course.

Special dietary requirements: .....

**Please tick box if you do not wish to receive details of future courses**

**Signature:** ..... **Date:** .....

**Please complete and return with payment to**  
**Catherine Haggerty, Strathcarron Hospice, Randolph Hill, Denny FK6 5HJ**  
**Tel: 01324 826222/Fax 01324 824576**  
**Email: catherine.haggerty@strathcarronhospice.org**

