



Booking Form for Havens Education courses

PLEASE COMPLETE IN BLOCK CAPITALS

Course(s) you would like to attend	Dates
1.
2.
3.

Your details

Title:..... First Name: Surname:

Job Title:GMC / NMC No:

Organisation:.....

Contact address:

Contact telephone number:

Email Address * :

Any special dietary requirements:

How did you find out about the course?

*Please provide work email where possible. All correspondence will be sent via email prior to the event.

If you are booking as a group for a course, please write down additional names, contact details and dietary requirements (including email) on the reverse of this sheet or on separate forms.

Signature:.....

Date:

Payment details

You can pay by cheque or ask us to raise an invoice to your organisation.

A cheque is attached for the sum of £.....

(payable to **King's College Hospital NHS FoundationTrust**)

or please send an invoice for the sum of £..... to (contact name)

Address

..... Tel No:

Group booking discount for people applying to go on the same course, on the same date: for 5 or more, 5%, or for 10 or more, 10% (please subtract from the sum above as appropriate).

If you wish to cancel your attendance one month or less prior to the course, a fee of 20% will be subtracted from your refund. Alternatively, you can arrange to book a date for later on free of charge. Any refund requested within 2 weeks of us receiving this form will also be processed free of charge.

Please return this form to:

Training & Stakeholder Engagement Team

The Havens

King's College Hospital, Denmark Hill, London, SE5 9RS

Tel no: 020 3299 1599 Email: kch-tr.havenseducation@nhs.net