**Health Education North West: Cheshire & Mersey Region**

**Course Application Form**

|  |  |
| --- | --- |
| **Full Name** |  |

|  |  |
| --- | --- |
| **Address**  **(including postcode)** |  |

|  |  |  |
| --- | --- | --- |
| **Contact Phone Number** | (Mobile) | (Work) |

|  |  |
| --- | --- |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Current Position** | Staff Grade Specialty Doctor Associate Specialist Other |

|  |  |
| --- | --- |
| **Specialty** |  |

|  |  |
| --- | --- |
| **Employing Trust** |  |

|  |  |
| --- | --- |
| **Contract Type** | Permanent / Temporary Full-Time / Part-Time No. of Sessions\_\_\_ |

|  |  |
| --- | --- |
| **Course/Activity Title** |  |

|  |  |
| --- | --- |
| **Location** | Lecture Theatre, Macclesfield Hospital |

|  |  |
| --- | --- |
| **Date(s)** |  |

|  |  |
| --- | --- |
| **Have you been granted Study Leave time to attend this course?** | Yes 🞎 No 🞎 |

|  |  |
| --- | --- |
| **Do you have any dietary requirements?** |  |

The information I have provided in this application is true and complete to the best of my knowledge.

**I understand, and accept, that I will be charged for non-attendance at this course, or if I cancel with less than 2 weeks’ notice given.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed**  **(Applicant)** |  | | |
| **Name** |  | **Date** |  |

Please enclose a cheque for **£50** made payable to ‘East Cheshire NHS Trust’ with your application as a deposit to secure your place – this will be returned to you on your arrival on the day. It will only be cashed if you fail to attend or cancel your place with less than 2 weeks’ notice.

Send to: Catherine Rimmer, PGME Office, Top Floor, New Alderley House, Macclesfield District General Hospital, Victoria Rd., Macclesfield, Cheshire, SK10 3RH.