| Course Application | | |
| --- | --- | --- |
| Applicant Information | | |
| Name: | | |
| Date of birth: | Phone: | email |
| Current address: | | |
| Course: | Date: |  |
| Additional Information IF ATTENDING OUR CENTRE | | |
| Any Disabilities or Special needs?  Any Dietary Requirements? | | |
| Emergency contact (Optional) | |
| Payment details - | | |
| Unfortunately, due to problems with payments in the past payment must be made before or on the first day of the course. | | |
| Cancellation – Up to fourteen days before course full refund after fourteen days no refund but will offer a place on a subsequent course. | | If you are participating via Teams, you must have a good internet connection and Teams software  Our IT Department can advise |
| Would you like an invoice? | Address for invoice | Signature |
| If you would like to pay by card please complete the details below: | | |
| Card Details | | |
| Name on Card: Address where card is registered | | |
| Card Number: | Expiry Date: | 3 Digit Security Code: |
| Signature | | |
| I authorize the payment of £ to be debited from my card. | | |
| Signature | | Date: |

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