|  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: |

*Network Medical Occupational Health*

*Tel: +44(0) 3333 441335*
*Fax: +44 (0) 1234 481222*

*Web:* http://www.ohspecialists.co.uk

55 Wharf Road Higham Ferrers Northamptonshire NN10 8BQ