

## BOOKING FORM

### Palliative Care Study Day for Healthcare Assistants and Nursing Auxiliaries

<b>3<sup>rd</sup> March – St Julia’s Hospice [ ]</b>		<b>17<sup>th</sup> March – Mount Edgcumbe Hospice [ ]</b>	
<i>(Please tick appropriate venue)</i>			
Title	First Name:	Surname:	
Address for Correspondence			
Contact No:	E Mail:		
Please tick if you are enclosing payment with this form [ ] <i>Cheques should be made payable to Cornwall Hospice Care.</i>			

Any Dietary Requirements:

If your workplace is funding this training please provide your managers name and address to which an invoice should be sent:

Name:	
Address:	
	Postcode:
Tele:	E Mail:

Your booking will be confirmed when payment has been received. If there is insufficient bookings Cornwall Hospice Care reserve the right to cancel the course and a full refund will be made.

Your Signature ..... Date: .....

Please return completed form to: Susan Penna, Education Administrator,  
Cornwall Hospice Care, Mount Edgcumbe Hospice,  
ST AUSTELL. PL26 6AB.  
Tele: 01726 65711. Fax: 01726 874517  
E Mail: susan.penna@cpt.cornwall.nhs.uk