**Course Application–Children and Grief**

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| **Children and Grief** | **Dates** |
| 6th and 7th April 2020 |

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| Personal Information | | |
| Title  Surname  First Name | | E-mail  *I am happy for Havens Hospices to contact me via email*  Telephone Number  *I am happy for Havens Hospices to contact me via telephone* |
| Organisation  Address .  County and Post Code | | Dietary requirements    Special Needs to Aid Training |
| **Please let us know where you heard about this course:**……………………………………………  **Payment Methods** Please place an **X** in the box to indicate your preferred payment method: | | |
| By BACS | An Invoice will be mailed to you with the BACS details and Reference Number | |
| By Cheque | Please make cheque payable to Little Havens Children’s Hospice and put the course name and students name on the back of the cheque. | |
| By Invoice | An Invoice will be mailed to you | |
| By Credit Card | Once invoice received, please phone 01702 426246 for further details on how to action payment by credit card. | |
| **Purchase Order Number** (from your Finance Department)**:** | | |
| **Please note:** Refunds cannot be made if cancellation is within 72 hours of the course.  The cost of the day includes lunch, morning and afternoon refreshments  **Data Protection**  We will only ever send you information that’s interesting and relevant to you, updating courses and training.  You can change how we contact you by emailing Hmissen@havenshospices.org.uk or call 01702 426246.  Send the completed booking form and cheque to: Learning and Development Department, Little Havens Hospice, Daws Heath Road, Thundersley Essex SS0 8HX | | |