Course Application - Bereavement and Loss 2020

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| Bereavement and Loss | **Dates** |
| 9th July, 28th July, 20th August, 7th September and 30th September 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 viatelephone*  |
| 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 | Please phone 01702 426246 once invoice has been received. |
| **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: Clinical Education Department, Little Havens Hospice, Daws Heath Road, Thundersley Essex SS0 8HX

