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 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 | 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*](mailto:dhomewood-maddy@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

