

## **Course Application Form**

<b>Course Name:</b> Bereavement and Loss 5 Day	Date(s):	4 <sup>th</sup> August, 26 <sup>th</sup> August, 1 <sup>st</sup> October,
Programme		15 <sup>th</sup> October and 16 <sup>th</sup> November
Ŭ		2021

Personal Information:			
Title:		E-mail:	
Surname:		Telephone Number:	
First Name:		Job Title:	
Organisation:		Dietary requirements:	
Address:			
Town:		Special needs to aid training:	
County:		-	
Post Code:			
Payment Metho	<b>ds</b> : Please place an <b>X</b> in the box to in	ndicate your preferred payment method:	
Ву ВАСЅ	An Invoice will be mailed to you with the BACS details and Reference Number.		
By Invoice	An Invoice will be <b>e-mailed</b> to you unless otherwise requested.		
By Credit Card	Once invoice received please contact us for details on how to action payment by credit card.		
Purchase Order Number: (from your Finance Department):			
<b>Please note:</b> Refunds cannot be made if cancellation is within 48 hours (2 working days) of the course. The cost of the day includes lunch, morning and afternoon refreshments. Once the application has been received we will invoice for payment.			

## Send the completed booking form:

e-mail: <a href="mailto:ldevelopment@havenshospices.org.uk">ldevelopment@havenshospices.org.uk</a>

Tel: 01702 556645

## **Privacy Notice**

We collect different personal information on different occasions you have contact with us but this might include your name, address, telephone number, email address, IP address, information regarding what activity you have shown interest in or the pages you have accessed on our website. For mor information see our Privacy Notice on <a href="https://www.havenshospices.org.uk/privacy-notice">https://www.havenshospices.org.uk/privacy-notice</a>

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