

# APPLICATION FORM

## The PRPP Assessment

Chris Chapparo & Judy Ranka

4<sup>th</sup>-8<sup>th</sup> November 2016

Newcastle upon Tyne

NAME ..... JOB TITLE .....

ADDRESS (for correspondence) .....

.....

POSTCODE .....

TELEPHONE NUMBER ..... FAX NO .....

EMAIL ADDRESS \_\_\_\_\_

**COST OF 5 DAY COURSE (INCLUDING LUNCH AND TEA/COFFEE): £750**

**INVOICING DETAILS (must be completed):**

Name .....

Address .....

.....

Telephone number .....

Email address \_\_\_\_\_

**UNFORTUNATELY WE ARE UNABLE TO ACCEPT CHEQUES DIRECTLY.**

**PLACES WILL NOT BE CONFIRMED UNTIL AN APPLICATION FORM AND  
PAYMENT HAVE BEEN RECEIVED**

Please return form to: Doris Fischer, OT Department, Walkergate Park, Centre for Neurological Rehabilitation and Neuropsychiatry, Benfield Road, Newcastle upon Tyne, NE6 4QD, Tel: 0191 287 5163, Email: [doris.fischer@ntw.nhs.uk](mailto:doris.fischer@ntw.nhs.uk)

Confirmation: Acknowledgement and receipts will be sent within 3 weeks of receipt of the application form and payment.

Cancellations: Refunds will not be made without written application. Cancellations made four weeks before will incur a charge of 20% of the registration fee. Cancellations made subsequent to this date will incur a charge of 60% of the registration fee.