

APPLICATION FORM

PRPP Assessment Course

Chris Chapparo & Judy Ranka
19th-23rd January 2018 (5 days)
Newcastle upon Tyne

NAME _____

JOB TITLE _____

AREA OF WORK (e.g. Neuro, Mental Health, Paediatrics) _____

ADDRESS (for correspondence) _____

POSTCODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

**COST OF 5 DAY COURSE (INCLUDING LUNCH AND TEA/COFFEE): £750
UNFORTUNATELY WE ARE UNABLE TO ACCEPT CHEQUES DIRECTLY.**

INVOICING DETAILS (details of the person e.g. from the finance department dealing with payment) – this section must be completed

Name _____

Address _____

Telephone number _____

Email address _____

**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

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.