 

**HOSPICE LEADERSHIP AND MANAGEMENT DEVELOPMENT PROGRAMME**

# APPLICATION FORM

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| **PERSONAL DETAILS** |
| Forename |  | Surname |  |
| Home Address |  |  |  |
| Town |  | Postcode |  |
| Telephone No |  | Mobile No |  |
| Email Address |  |  |  |

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| **WORK DETAILS** |
| Job Role |  | Profession |  |
| Organisation |  |
| Work Address |  |
| Town |  | Postcode |  |
| Work No |  |  |  |
| Work Email Address |  |  |  |

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| **PAYMENT DETAILS**  |
| Contact Name:  |  | Organisation: |  |
| Invoicing Address:  |  | Invoicing Email Address:  |  |
| Telephone No |  | Purchase Order (if applicable) |  |



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| **APPLICANTS CONFIRMATION** |
| I have read the details of this programme for which I am applying and confirm that:I must attend each day in order to graduate from the programmeI am aware the full programme fee is: * £765 inclusive of VAT for EoLP’s funding partners or
* £850 inclusive of VAT for delegates outside of ‘Funding Partners’

and that full payment is required prior to commencement on course.I am aware that in the event of non-attendance the full cost of the programme will be charged to the organisation and cancellation charges will be applied as follows:* Less than 29 days - 100%
* 29 – 45 days - 50%
* 46 days and over - 0%
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| Applicant Signature |  | Date |  |

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| **MANAGERS NOMINATION** |
| I am the manager of (staff member’s name) |  |
| I have read the details of this programme for which (s)he is applying and I am aware of the programme fees and cancellation policy.  |
| Forename |  | Surname |  |
| Role |  | Profession |  |
| Organisation |  |
| Work address |  |
| Town |  | Postcode |  |
| Work telephone |  |  |  |
| Work email |  |  |  |
| Signature |  | Date |  |

Please return form to: info@eolp.org.uk