 

**HOSPICE LEADERSHIP AND MANAGEMENT DEVELOPMENT PROGRAMME**

# APPLICATION FORM

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

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

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





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# APPLICATION FORM

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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 programme  I 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% | | | |
| Applicant Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:info@eolp.org.uk)