 

**ASPIRING LEADERS IN PALLIATIVE CARE 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 programme **(The first day must be attended in order to proceed with the rest of the programme. Cancelling the first day will result in withdrawal from the full programme and the cancellation policy detailed below will apply)** 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%
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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. The candidate must attend each day in order to graduate from the programme.**(The first day must be attended in order to proceed with the rest of the programme. Cancelling the first day will result in withdrawal from the full programme and the cancellation policy detailed below will apply)**  |
| Forename |  | Surname |  |
| Role |  | Profession |  |
| Organisation |  |
| Work address |  |
| Town |  | Postcode |  |
| Work telephone |  |  |  |
| Work email |  |  |  |
| Signature |  | Date |  |

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