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Description automatically generated

COMMUNICATION AND INTERACTION TRAINING (CAIT)

# APPLICATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | |
| Forename |  | Surname |  | Tel/Mobile No |  |
| Email Address | Please enter the email address we should contact you on | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK DETAILS** | | | |
| Job Title |  | Organisation |  |
| Work Address |  | | |
| Work Tel No |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANTS CONFIRMATION** | | | |
| I have read the details of this programme and confirm that I will attend both days at the End of Life Care Education Hub, Spring Farm Business Centre, Crewe, CW1 4RJ.  I am aware the full programme fee is: **£400** inclusive of VAT and that full payment is required prior to commencement.  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 have read the details of this programme for which is applying and am aware of the programme fees and cancellation policy. | | | |
| Forename |  | Surname |  |
| Role |  | Organisation |  |
| Work telephone |  | Work email |  |
| Signature |  | Date |  |

Please return form to: [nicola.haworth@eolp.org.uk](mailto:nicola.haworth@eolp.org.uk)