**2 DAY - ADVANCED COMMUNICATION SKILLS TRAINING PROGRAMME**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title: (Dr/Mr/Mrs/Ms/Miss)** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Name of Trust/Organisation:** |  |
| **Address:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **T****el:** |  |
| **Mobile Number:** |  |
| **Fax:** |  |
| **E-mail address:** |  |
| **Core Member of MDT (Yes/No)** |  |
| **Name of MDT (If answered Yes above)** |  |
| **Please tick this box if you consent to EoLP using your email to inform you of future events** |  |

|  |  |
| --- | --- |
| **Professional Profile (Please tick as appropriate)** | |
| **CNS** |  |
| **Senior Nursing Staff** |  |
| **Doctor** |  |
| **Consultant** |  |
| **Senior AHP** |  |
| **GPs** |  |
| **Other (specify)** |  |

|  |  |
| --- | --- |
| **Special Requirements** | |
| **Additional information:** |  |

|  |  |
| --- | --- |
| **Location and Date** | |
| **Please specify which course dates you are applying for** | **Venue** |
|  |  |

|  |
| --- |
| **Course Details** |
| **ADVANCED COMMUNICATION SKILLS TRAINING PROGRAMME**  The course is aimed at senior healthcare professionals. The course runs over two consecutive days utilising an interactive workshop approach. A willingness to use experiential methods of learning and to undertake a video recorded role-play during the two days is an expectation of the programme. |

**Please note if you have experienced a close bereavement within the last 12 months it is advisable that you do not apply for this course.**

Your place on the course will be confirmed once we have received your completed signed form.

**Statement by applicant:**

I understand that the course involves participation, and I commit to attend the full two days of the course.

**Print…………………………… Sign……………………….. Date…………………...**

**Statement by Line Manager:**

I support this application and agree to the terms and conditions above

**Full Name………………………….... Designation………………………………………**

**Organisation………….………………………………………………………………………**

**Print………………………….. Sign…………………………. Date……………………**

**Cancellation policy:**

Please note that cancellations must be received in writing or by email up to two weeks before the event.

After this date a fee equivalent to 50% of the full cost (**£300.00**) will be chargeable.

**Non attendance on either of the two days will incur the full course fee of £600** (a named substitute may be made prior to the course commencing).

|  |
| --- |
| **Please complete the registration form and return to:** [**info@eolp.org.uk**](mailto:info@eolp.org.uk)  **Contact 01270 260310 if any questions.** |