 

**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 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK DETAILS** | | | |
| Job Title |  | 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) |  |
| Start Date of Programme |  |  |  |



**Hospice Leadership and Management Development Programme**

# Application Form

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| **APPLICANTS CONFIRMATION** | | | |
| The programme fee is:   * £995 per place (Early Bird Rate) or * £1,100 per place (after the Early Bird Rate offer has expired)   Full payment is required prior to commencement of the course, no refunds will be given.  Prior to the course, if you are unable to take your place, a substitute may take your place on the programme, subject to a minimum of 1 weeks’ notice of the change being given.  All delegates must attend the first day of the programme. Cancelling or non-attendance on the first day will result in delegates being withdrawn from the programme. The full cost of the programme will still be incurred.  Delegates must attend all sessions to graduate from the programme.  Please sign below to confirm that you have read and understood the terms of this arrangement. | | | |
| Applicant Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **MANAGERS NOMINATION** | | | |
| I am the manager of (staff member’s name) | |  | |
| The programme fee is:   * £995 per place (Early Bird Rate) or * £1,100 per place (after the Early Bird Rate offer has expired)   Full payment is required prior to commencement of the course, no refunds will be given.  Prior to the course, if the staff member is unable to take their place, a substitute may take their place on the programme, subject to a minimum of 1 weeks’ notice of the change being given.  I have read the details of this programme for which my member of staff is applying and confirm that I am aware of the importance of them attending all sessions in order to graduate from the programme.  I am aware that the staff member must attend the first day of the programme. Cancelling or non-attendance on the first day will result in the staff member being withdrawn from the programme. The full cost of the programme will still be incurred.  The staff member must attend all sessions to graduate from the programme.  Please sign below to confirm that you have read and understood the terms of this arrangement. | | | |
| Forename |  | Surname |  |
| Job Title |  | 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)