

APPLICANT INFORMATION

Surname		First Name(s)	
Previous Name(s)		Title	
Job Title		Work Address (If Agency or Locum, please give home address)	
Place of Work			
Ward/Dept/Team			
NHS Trust/CCG		Telephone	
NMC PIN (if applicable)		Mobile	
Date of Birth		Email	

COURSE(S) APPLIED FOR

Course Title(s)	Date of Course(s)

PAYMENT DETAILS - PLEASE SELECT

- I / my employer will pay by cheque and I enclose a cheque for £_____ made payable to 'Leeds Beckett University'
- My employer has agreed to pay the course fee and I would like Leeds Beckett University to raise an invoice (*please provide more information in the box opposite*)

Purchase Order Number	
Finance contact name	
Full billing address with postcode	
Finance contact telephone number	

DECLARATION

I certify that the information I have given is complete and accurate.

Signature of applicant: Date:

LINE MANAGER DECLARATION

I support this application and will release the applicant to attend any taught sessions for the module

Signature of Line Manager: Date:

Cancellation Terms & Conditions

- Cancellation of a booking must be provided by email or in writing, 10 working days or more before the course start date for a full refund or transfer to future available course.
- The University may suspend or cancel a course if registered numbers fall below a viable level, or if circumstances beyond our control prevent delivery of the course. In this instance we will endeavor to make you aware within two weeks of the course start date and refund any fees paid.
- Registering on your chosen course indicates your acceptance of the above terms.