

ACCORD HOSPICE - EDUCATION CENTRE

Course Application Form



Registered Charity No
SC013682



Title Surname Forename

Address

.....

..... Post Code.....

Tel No (B) TEL No (H)

Email

Place of work

Position held

Course applied for:

Course Name	
Course Code	
Date/s	

PLEASE NOTE

COST

Carers - £20 per applicant
Nurses - £30 per applicant
Hospice Partners - No Charge

Method of Payment

Cheque Please make cheque payable to ACCORD Hospice

BACS Sort Code: 83-46-00 / Acc No: 00102198

Debit/Credit Card Please debit my Debit/Credit card with the amount £.....

Card No.....

Issue Date..... Expiry Date.....

Security No (last 3 digits on back of card).....

Invoice Name.....

Company.....

Address.....

.....Post Code.....

PLEASE NOTE: Payment must be received within 3 working days of course start date

*Please complete this form and return, with payment or invoice details,
To:- Medical Secretaries
ACCORD Hospice, Morton Avenue, PAISLEY PA2 7BW
Tel: 0141 581 2026 / Fax 0141 581 2004
For further information contact lecturer by
Tel: 0141 581 2010 or Email: susan.jackson@accord.org.uk*