

Aimed at Newley Qualified or New Appointed Theatre Nurses

Please tick the date you wish to commence.

		Monday 30th January 2012	
		Monday 23rd April 2012	
		Monday 16th July 2012	
		Monday 8th October 2012	

(Please complete all sections of this application form in block capitals)

Surname:	Forenames:	Title:

Address (for all correspondence):

Telephone (daytime):	Telephone (evening):
Email Address:	
Present Appointment -Hospital:	Specialty:
Special Dietary Requirements:	

Course costs of £920.00 include:	<ol style="list-style-type: none"> 1. Lecture notes for entire course 2. If successful, Academic Award of 60 course at level 6 credits 3. Tutorials during the programme, time and date to be individually arranged.
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To undertake this course, you must gain support from your department manager, to gain the opportunity to practice and gain the necessary clinical hours to support the programme.

Manager's Name (Please print)	
Manager's Signature	
Date	

Name of proposed Mentor

PAYMENT: £920.00

Please tick the box next to your payment method:

I enclose a Cheque / Postal Order payable to 'PEP':	£	
OR PAY ON LINE www.pepractice.co.uk	£	

Please invoice my employer / company for a total of	£
Purchase order number:	

Invoice Address (Including Department)	
Post-code:	Telephone number:

Once complete, please return this form along with your payment to PEP;

Mrs Jenny Parr, Course administrator,

PO Box 283, Manchester , M21 3BD

Please note, in the event of a cancelled booking a 15% administration fee will be charged. If your delegate fees are to be paid on invoice, all fees must be received prior to you attending this event.

FOR OFFICE USE ONLY			
Cheque Number		Banked date:	
Application accepted		Confirmation sent	
Invoice no (if applicable)			

Trainee number with PEP	
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