

Hospice Isle of Man Course Application Form

<b>Hospice Isle of Man On Island Course Application Form</b>		
Course Title:		
Location:		
Date of Course:		
Cost of Course if applicable		
Name:		
Role:		
Place of Work:		
Contact details:	Telephone:	
	Email: (important as certificates will be sent out electronically)	
How do you intend to use the skills gained from attending this course?		
Applicants Signature:	<i>(study leave must be negotiated with line manager)</i>	Date:
Managers Signature		Date:
Please detail any requirements you have relating to a disability:		
<p><b>Please return completed application form to:</b></p> <p>Education Department, Hospice Isle of Man, Strang IM4 4RP Tel: 647487                      Email: education@hospice.org.im</p> <p style="text-align: center;"><b>Confirmation will be sent</b></p> <p><b>If you are unable to attend please inform Hospice as soon as possible to let others have your place. Tel No: 647487</b></p>		

***Copies of your information will be kept for 2 years then destroyed***