

APPLICATION FORM

Course: Wheelchair Masterclass
Date: Saturday 30th May 2009
Venue: Spinal Gymnasium, National Spinal Injuries Centre, Stoke Mandeville Hospital, Aylesbury, Buckinghamshire

Details of applicant (Please PRINT clearly)

Name:

Contact Address:

.....

Postcode: **Contact Tel.:No.**

Current Post:

Reason for applying:

.....

Previous experience in wheelchair provision:.....

.....

Signature: **Date:**

Accommodation information: Tick if required.

Method of Payment – Please ✓ one box only:

- Completed application form with cheque enclosed.
- Completed application form enclosed, cheque to follow (**provisional booking only**).
- Travel information – see our website www.spinal.org.uk
- Completed application form enclosed. Please invoice :

Name of NHS Trust or company:

Name of person responsible for invoice:.....

Address:

.....Postcode:.....Tel:.....

Please make cheque payable to: **Buckinghamshire Hospitals NHS Trust**
Please send your completed application form to:
Hannah Proctor, Physiotherapy Department,, National Spinal Injuries Centre, Stoke Mandeville Hospital, Aylesbury, Bucks. HP21 8AL.

If full payment has not been received by the closing date of **Friday 15th May 2009**, the place on the course will be lost (**NB no refunds after this date**).