



# Training Application Form for External Delegates

(i.e., anyone not paid by/employed by St Ann's Hospice)

Please send this completed application form, together with your **cheque payment for the course fee** (payable to St Ann's Hospice) to:  
Practice Development Centre, St Ann's Hospice, St Ann's Road North, Heald Green, Cheadle, Cheshire. SK8 3SZ.

*(If your employer is funding your place, please complete the relevant section below)*

**COURSE TITLE**

**REQUESTED COURSE DATE(S)**

**FULL NAME (BLOCK CAPITALS)**

**PLACE OF WORK**

**OCCUPATION/GRADE**

**WORK ADDRESS**

**TELEPHONE NUMBER(S)**

**POST CODE**

**EMAIL ADDRESS**

**NAME OF BUDGET HOLDER**

**ADDRESS INVOICE TO BE SENT TO:**

**PURCHASE ORDER NUMBER**

**HOW DID YOU HEAR ABOUT THIS COURSE?**

**PLEASE ADD ME TO YOUR MAILING LIST**

**YES/NO** *(Please circle)*

**SIGNATURE OF APPLICANT** *(Please date)*

**Data Protection:**

St Ann's Hospice (SAH) is registered under the Data Protection Act 1998. SAH does not pass personal data to any other organisation, but may wish to keep you informed of educational news, activities and future courses etc. If you do not wish to receive this information, please tick the box.

**Cancellation Policy:**

Cancellation within 1 week of the course will result in a charge of 50% of the course fee to cover administration costs. If less than 24 hours notice is given or non attendance on the day, then full course fees will be charged. However, if you are unable to attend, your place may be transferred to a colleague. Please inform the PDC Coordinator in the event of cancellation or transfer.