

Course Application Form



Course Details

Title: Manual Handling Update & Study Day	
Venue: Joerns Healthcare Ltd	Cost: £120 +VAT (per person)
Date: _____ (please call for availability)	

Attendee Details

Title:	First Name:	Surname:
Organisation:		Position:
Address:		
Post Code:		
Telephone:	Fax:	
Email:		

Additional Attendees

Title:	First Name:	Surname:

Reserved by

Name:	Signed:	Date:
Telephone:	Email:	

Please send me a course information pack (please visit www.joerns.co.uk for an electronic copy)

What is provided?

Detailed course materials • Certificate of attendance • Refreshments and lunch*

* Please advise if you have any special dietary requirements.

Payment:

Payment is required prior to start of course. Cheques should be made payable to Joerns Healthcare Ltd and posted for the attention of Tom Bulpitt at the above address. Refunds can only be made if cancellation is received at least 2 weeks prior to the start of the course.

PLEASE FORWARD YOUR APPLICATION ALONG WITH PAYMENT TO THE ADDRESS BELOW