

# SAS Development Fund

Health Education North West: Cheshire & Mersey Region

## Course Booking Form

<b>Full Name</b>				
<b>Address</b> (including postcode)				
<b>Contact Phone Number</b>	(Mobile)	(Work)		
<b>Email Address</b>				
<b>Current Position</b>	Staff Grade	Specialty Doctor	Associate Specialist	Other
<b>Specialty</b>				
<b>Employing Trust</b>				
<b>Contract Type</b>	Permanent / Temporary	Full-Time / Part-Time	No. of Sessions___	
<b>Course/Activity Title</b>				
<b>Location</b>				
<b>Date(s)</b>				
<b>Have you been granted Study Leave time to attend this course?</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

The information I have provided in this application is true and complete to the best of my knowledge.

I understand, and accept, that I will be charged for non-attendance at this course, or if I cancel with less than 2 weeks' notice given.

<b>Signed</b> (Applicant)			
<b>Name</b>		<b>Date</b>	
<b>Signed</b> (SAS Lead)			
<b>Name</b>		<b>Date</b>	