

Marymount University Hospital & Hospice

Course Application Form

Tel No: 021-4501201 Website: <http://marymount.ie> Email: education@marymount.ie Address: Curraheen, Co. Cork

Preferred Course

Course Name:

Date of Course:

Course Fee: €

Personal Details - PLEASE USE BLOCK CAPITALS

Surname: _____ First Name: _____ Title (Dr. Mr. Mrs. Ms): _____

Postal Address: _____

Email: (Required):

Mobile No: Work No:

Job Title: _____ Ward/Unit: _____

Organisation: _____ Work Address: _____

What is your profession? _____ Professional Identification No: _____

Name of the organisation you are registered with: (e.g. NMBI, Coru) _____

Please return with your application form, a copy of your registration for this year (if applicable)

Payment Options

How is this course being funded: Self-funded Your Organisation: Other: _____

Option A: Please forward a cheque/postal order for the course fee made payable to the Education Centre, Marymount University Hospital & Hospice

Option B: Invoice my organisation for the course fee -Please fully complete the following section

Name of Person whom to issue the invoice: _____ Address: _____

Telephone No: _____

Email Address:

Option C: EFT Payments: In order to identify EFT payments please include your **NAME & COURSE NAME** as a payment reference and inform us once completed.

Bank Details: A/C Name: Marymount University Hospital & Hospice, Bank Name/Address: Bank of Ireland, 32 South Mall, Cork, A/C No: 75201608, Sort Code: 90-27-68, IBAN No: IE08BOFI90276875201608, Swift/BIC: BOFIE2D

Booking Terms & Conditions - Please sign that you have read and understood

Save the Trees: Course Confirmation - you will receive course confirmation, receipt of payment & relevant course materials via email wherever possible following receipt of your completed application form, fee & other relevant documentation. Please check your email prior to the course.

Lecture Handouts: will not normally be given out on the day but will be available on the Marymount website (www.marymount.ie) for a limited time. You will receive an access code with your course confirmation which will allow you to print off the handouts in advance of the course if you wish to do so.

Cancellations - 28 days or more notice has to be given in respect of cancelling your place on a paid course, in order to receive a full refund minus the €20.00 admin fee. If cancellation notice is given between 9 & 27 days prior to the course, a 50% refund will be issued. If cancellation notice is given in less than 9 days prior to the course, we will not be in a position to provide a refund. In the case, of short notice due to unforeseen circumstances on the day, the participant must contact the education centre at Marymount to inform them that they cannot attend.

Course Attendance: you must attend the full day(s) course and have paid in full prior to receiving your certificate of attendance or certificate containing CPD points/units (if applicable).

Marymount University Hospital & Hospice reserves the right to cancel a programme, in this case a full refund will be issued.

I have read and understand the above booking terms & conditions - Applicants signature:

Data Protection

In accordance with the Data Protection Legislation, we are required to inform you that your details will be retained and held on file for administrative purposes only by Marymount University Hospital & Hospice. This information will not be passed on to any other organisation.

Checklist

- Course application form fully completed
- Attached/enclosed a copy of your registration for this year (if applicable)
- Payment enclosed or payment details completed over leaf
- Booking terms & conditions read & signed

Applicant Signature: _____

Date: ____/____/____