



St. Patricks University Hospital / Marymount University Hospice

Introduction to Lymphoedema – 4 Day Programme Registration Form

Personal Details: PLEASE COMPLETE IN BLOCK CAPITALS

Full Name: _____ Title (Dr. Mr. Mrs. Ms): _____

Postal Address (for course correspondence): _____

Home Phone No: _____ Mobile No: _____ Work No: _____

Email: **(Required)** _____

Job Title: _____ Organisation: _____

Work Address: _____

What is your profession? Nurse Physiotherapist Occupational Therapist

Professional Identification No (An Bord Altranais/Irish Society of Chartered Physiotherapists/Other): _____

Year of Registration: _____

Are you a member of the Irish Society of Chartered Physiotherapists: Yes No if yes please bring your ISCP card with you on the first day of the programme.

Name of the organisation you are registered with _____

Please submit two signed passport photographs with your application form

Introduction to Lymphoedema: Full 4 Days Fee: €400 or Part 1 only Fee: €200

I wish to attend the **full 4 Days** – Friday, 20th, Saturday, 21st, Sunday, 22nd & Monday, 23rd January 2012

I wish to attend **Part 1 only** – Friday, 20th and Saturday, 21st January 2012

Please post this registration form together with your payment of a cheque/postal order and passport photographs to: **Michelle Goggin, Education Centre, St. Patrick's University Hospital/Marymount University Hospice, Curraheen Road, Curraheen, Cork.** Please make your cheque/postal order payable to the **Education Centre.**

Please Note: Cancellation notice given 15 days or more prior to commencement of the programme will receive a full refund. For cancellations within **14 days** of the programme commencement a **50% cancellation fee will apply.**

Where did you hear about this course: Qualifax Website Word of Mouth Hospital Flyer or Email St. Patrick's University Hospital/Marymount University Hospice Website Irish Association of Palliative Care Newsletter Other Please specify: _____

Tel No: 021 4501201 **Email:** mgoggin@spmm.ie

Website: <http://www.stpatricksmarymount.ie/education.html>

Signature : _____ **Date:** _____

St. Patrick's University Hospital/Marymount University Hospice reserves the right to cancel a programme in this case a full refund will be issued.