**L3 Training Booking Form**

**for those not employed by the Royal Free London NHS Foundation Trust**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | | **Title:** |  |
| **First Name:** |  | | | | | | |
| **Role:** |  | | | | | | |
| **Organisation:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Postcode:** |  | | | | | | |
|  |  | | | | | | |
| **Telephone number:** | |  | | **Mobile:** |  | | |
| **e-mail:** |  | | | | | | |
|  |  | | | | | | |
| **I would like to book a place for the Safeguarding Children L3**  🞏 **Training day on ………………………….. cost £100**  🞏 **Update on ………………………………….. cost £50** | | | | | | | |
|  | | | **Signature: ………………………………………………………....** | | | | |
| Please choose one of the following payment methods: | | | | | | | |
| 🞏 I would like to be invoiced. This option is only possible if a PO number is provided.  PO number : | | | | | | | |
| 🞏 I have enclosed a cheque for £ payable to the Royal Free London NHS Foundation Trust | | | | | | | |

**Please note:** Fees will be charged if booking is cancelled less than 7 days in advance.

Please return completed form and cheques to

**Elena Hahn, Child Health, Royal Free London NHS Foundation Trust, Pond Street, NW3 2QG**

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