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**Marymount University Hospital & Hospice**

**Course Application Form**

**Tel No: 021-4501201 Website:** [**http://marymount.ie**](http://marymount.ie) **Email:** [**education@marymount.ie**](mailto:education@marymount.ie) **Address: Curraheen, Co. Cork**

**Preferred Course**

**Course Name:**

**Date of Course:**

**Course Fee:**

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**Personal Details - PLEASE USE BLOCK CAPITALS**

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

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:** Credit/Debit Card payments can be taken over the phone

**Option C: 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 D: 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:** BOFIIE2D

**P.T.O.......**

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**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](http://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:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_