St. Francis Hospice Centre for Continuing Studies

COURSES APPLICATION FORM

Please complete both sides.
Return completed application forms to:
Centre for Continuing Studies, St. Francis Hospice, Station Road, Raheny, Dublin 5
Tel: (01) 832 7535 *Fax: (01) 832 7635* *E-mail: education@sfh.ie* *Web: www.sfh.ie*

Course Name(s)	Date(s)	Fee (€)
_____	_____	_____
_____	_____	_____

IMPORTANT (PLEASE TICK ONE BOX) – Data Protection Agreement

□ I agree for St Francis Hospice Dublin to keep my personal details on a database for the purpose of communicating with me about future educational events. I understand that I can request to be removed from the emailing list at any time by contacting education@sfh.ie.

OR

□ I would not like to be contacted by St Francis Hospice Dublin about future educational events.

Signature

Signature: _____ **Date:** _____

Your Personal Details – Please Use Block Capitals and Write Clearly

☐ Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Dr ☐ Sr ☐ Fr ☐ Other _____

Surname: _____ First Name(s): _____

Job Title: _____ Place of Employment: _____

Work Tel.: _____ Home/Mobile No.: _____

E-mail:

Special Dietary Requirements: _____

Other Special Requirements: _____

St. Francis Hospice Centre for Continuing Studies

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Payment

How is this course being funded?

☐ Self-funded ☐ Employer ☐ Other _____

How would you like to pay?

☐ **I will pay by electronic credit transfer (please email education@sfh.ie after this is done so we can look out for the payment in our accounts):**

Bank details: Bank of Ireland, Raheny, Dublin 5
Account Number: 95876821
IBAN: IE75 BOFI 9006 5895 8768 21
Account name: St. Francis Hospice
Sort Code: 90 06 58
BIC: BOFIIE2D

☐ **I enclose a cheque payable to St. Francis Hospice.**

☐ **I will provide credit card/debit card details over the phone.**

(My preferred day/time to be contacted for this _____)

☐ **Please invoice my employer. (Please provide the contact name, job title and e-mail address of the person to be invoiced and ask them to sign this section.)**

Name: _____ Job Title: _____

Telephone: _____ Signature: _____

E-mail:

How did you hear about this course? _____

To do our part for the environment, we will communicate with participants by e-mail wherever possible.
We regret that telephone bookings cannot be taken. Places are allocated on a first come, first served basis.

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