



## St. Francis Hospice Centre for Continuing Studies

### COURSES APPLICATION FORM

#### 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](mailto: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: BOFIE2D

- ☐ 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:


#### Data Protection

In accordance with the Data Protection Act, we are required to inform you that your details will be retained and held on file for administrative purposes by St. Francis Hospice. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent. From time to time we may send out flyers or information by email or post. Please tick this box if you do **NOT** want to receive this information. ☐

#### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application forms to:  
Centre for Continuing Studies, St. Francis Hospice, Station Road, Raheny, Dublin 5**