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**Booking Form: Clinical Leadership and Management Course**

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| **Course Details** **(Please complete in BLOCK CAPITALS)** |
| **TITLE OF COURSE: Clinical Leadership and Management Course for Anaesthetists****COURSE VENUE: Keele University, Staffordshire****COURSE DATES REQUIRED:**  |
|  Type of booking required:  | Non-residentialResidential (2 nights)Residential (3 nights inc. evening before the course) | £575.00 [ ] £675.00 [ ] £725.00 [ ]  |
| **Personal Details** |
| Title:  |  First name: |  Surname: |
| Post currently held (please state year of training): |
| Clinical specialty: |
| Name of Trust: |
| **Contact Details** |
| Address:  |
| Male/Female (please delete as appropriate) |
| Work/Home Telephone: |
| Mobile: |
| Email address: |
| **Payment Method** |
| Please indicate if you wish to pay by card or cheque Card Cheque   |
| I enclose my cheque for £ made payable to “Keele University”. |
| Credit and debit cards: An online payment can be made. The details will be sent to you, with your confirmation email. |
|  |
| **Signature** |
| *I understand that I am confirming a booking and this is subject to cancellation charges under the**cancellation policy; cancellations within 10 days of the course start date will incur a charge of £125 plus any accommodation fees.*  |
| Signed: Date: |
| **Forms can be returned by email or by post to:** |
| **Keele Clinical Leadership Academy****Keele University, School of Medicine, KH70, Keele Hall,****Keele University, Staffordshire, ST5 5BG****Tel: 01782 734935 / 01782 734934 / 01782 734932** **Email:** **health.cml@keele.ac.uk** |