****

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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-residential  Residential (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**](mailto:health.cml@keele.ac.uk) | | | | |