

# OOH Clinical Supervisors Course

8 & 9 November 2017

Bevan Room, Victoria House, Capital Park, Fulbourn, Cambs, CB21 5XB

|   |  |
|---|--|
| <b>First Name:</b><br>(by which you like to be known)           |  |
| <b>Surname:</b>   |  |
| <b>Correspondence Address</b><br>(please include your postcode) |  |
| <b>Telephone No.</b>  |  |
| <b>E-mail Address</b>   |  |
| <b>OOH Provider:</b>  |  |
| <b>OOH Provider Contact Name:</b>                               |  |
| <b>OOH Provider Email Address:</b>                              |  |
| <b>Special Dietary/Access Requirements</b>                      |  |



I enclose a cheque for **£80.00** made payable to '*Health Education England*'

**\*\*This payment is non-refundable\***

Please return booking form, via post, to  
GP School, Health Education East of England, 2-4 Victoria House,  
Capital Park, Fulbourn, Cambridge CB21 5XB

Please direct any queries to [communityschools.eoe@hee.nhs.uk](mailto:communityschools.eoe@hee.nhs.uk)

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Facilitated by John Kedward