Hibernian Healthcare

Hibernian Healthcare Training Centre
Huntsman House
Ballymount Cross Industrial Estate
Phone: 01-460 4820 Fax: 01-450 9124

APPLICATION FORM

ACLS Providers Course

Attach Passport Photo Here

Important information for ACLS Provider Course Participants:

- Please return completed application forms to our office at Huntsman House, Ballymount Cross Ind Estate, Ballymount, Dublin 24. The closing date for applications is 23/06/08, 14/07/08, 11/08/08, 22/09/08, 13/10/08. This is to allow sufficient time to study the pre-course material in sufficient depth.
- If cancellation is within 3 weeks of the course, the maximum refund is 50% of the fee. If cancellation is within 2 week of the course no refund will be made.
- If the course is fully booked and cancellation is within 2 weeks prior to the course, Hibernian Healthcare will refund €500.00 to the cancelled participant if we can find a suitable replacement candidate and where possible we will facilitate candidates on future courses.
- On return of unopened and unused course material, a full refund will be made, subject to the above policy. If the course material has been used, a deduction of €60 will be made.

BOOKING FORM ACLS Provider Course: Please use BLOCK LETTERS:

Course you wish to attend: ☐ 28th &29th June 2008, ☐ 19th &20th July 2008, ☐ 16th &17th August 2008, ☐ 27th & 28th September 2008, ☐ 18th &19th October 2008

First Name: Surname:	Home Address:
Home Phone Number:	Mobile Number:
E-mail:	
Hospital Address:	Hospital Number (incl. extension/pager):
State Current Position:	
Special Dietary Requirements:	
Basic Life Support Course attended Venue: _____ Date: _____/_____/_____	

☐ I enclose a cheque or bank draft for €575.00 payable to: *"Hibernian Healthcare Ltd".*

☐ I authorise *"Hibernian Healthcare Ltd"* to debit €575.00 from the card number below.

MasterCard ☐ Visa ☐ Laser ☐

Card Number																	

Card Expiry Date: _____ / _____ (mm / yy)

I also confirm that I have read, and understand, the cancellation policy applying to the ACLS Provider course.

Signature: _____ Date: _____