APPLICATION FORM

BLS Instructors Course

30th August, 13th & 14th September 2008
Hibernian Healthcare Training Centre
Huntsman House
Ballymount Cross Industrial Estate
Dublin 24
FAX: 01-450 9124
Email: moconnor@hibernianhealth.com

Important information for BLS Instructors 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 26th August 2008.
- The fee for the course is €875.
- If cancellation is within 3 weeks of the course, the maximum refund is 50% of the fee. If cancellation is within 2 weeks of the course, the maximum refund is 25% of the fee. If cancellation is within 1 week of the course no refund will be made.
- 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.
- Where possible we try to facilitate the monitoring of candidates after they have completed the programme, either through our training site or through our network of contacts countrywide.

BOOKING FORM BLS Instructor Training Course. Please, use BLOCK LETTERS:

Course you wish to attend: ☐ 30th August, 13th & 14th September 2008

First Name: Surname:	Home Humber:
Home Address:	Mobile Number:
	E-mail:
Work Address:	Work Number (incl. extension/pager):
Occupation:	
Special Dietary Requirements:	
Basic Life Support Course attended Venue: _____ Date: _____/_____/_____	

☐ I enclose a cheque or bank draft for €500.00 payable to: *"Hibernian Healthcare Ltd".* I will forward a cheque for €375.00 three weeks before the course.

☐ I authorise *"Hibernian Healthcare Ltd"* to debit €875 from the card number below. I understand that the balance of €375.00 will be debited from the card three weeks before the course.

MasterCard ☐ Visa ☐ Laser ☐

Card Number																	

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

I also confirm that I have read, and understand, the cancellation policy applying to this BLS Instructor course.

Signature: _____ Date: _____