



# Application Form for all workshops

## Hospice Education Programme

Please use CAPITALS and print clearly

Location of workshop (please circle)

Dunedin    Cromwell    Oamaru    Balclutha    Other .....

Name/s of workshops

.....  
.....

Day/s and Date/s of workshops

.....  
.....

Name .....

Address .....

Phone (Wk) ..... (Mob) .....

Email .....

Current place of work .....

Work role .....

Dietary needs .....

Course Fee/s enclosed (where applicable) \$ .....

**Full payment on registration please, where applicable.**

All workshop fees are GST inclusive.

### Online banking details

ANZ, Otago Community Hospice Operating Account, 01-0902-0104220-02

**Reference:** Education, **Particulars:** SURNAME, **Code:** Course Name

Register early to avoid disappointment – this also assists us with planning. Thank you.

**Failure to attend or cancellation with 72 hours of the course will still incur the full cost.**