

Name of Care Home	Booking form for Clinical Skills for Nurses				
Name of attendee[s]	Job title	Email address	DOB	Has the learner lived in the UK or EEA for at least 3 years? *	Workshop and date
Care Home Manager's SIGNATURE:**				DATE	

Return to: conorgiles@linca.org.uk

*Please complete this field. Ineligible learners will not be able to access funded training

**Please sign by hand. Typed signatures will not be accepted